



NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION

CHAPTER OFFICERS REPORT FORM

Please complete the list of chapter officers and return to our office immediately following the chapter's election. Return to the Office of the Organizing Secretary General, 1776 D Street NW, Washington, DC 20006-5303; Fax (202) 628-2098; E-mail: organizing@dar.org. The Chapter Regent may enter officer changes through the Updates Function on e-Membership under Chapter Officers. If there are no changes, it is not necessary to submit annually. All changes for chapter officers must be submitted immediately by mail, fax, e-mail or e-Membership.

	(CHAPTER NAME)	(CHAPTER COMPUTER CODE)
REGENT	NATIONAL #	NAME (Last, First, Middle)
	<i>Please indicate any changes here (e.g., address, phone number and e-mail).</i>	
VICE REGENT	NATIONAL #	NAME (Last, First, Middle)
	<i>Please indicate any changes here (e.g., address, phone number and e-mail).</i>	
SECOND VICE REGENT	NATIONAL #	NAME (Last, First, Middle)
	<i>Please indicate any changes here (e.g., address, phone number and e-mail).</i>	
CHAPLAIN	NATIONAL #	NAME (Last, First, Middle)
	<i>Please indicate any changes here (e.g., address, phone number and e-mail).</i>	
RECORDING SECRETARY	NATIONAL #	NAME (Last, First, Middle)
	<i>Please indicate any changes here (e.g., address, phone number and e-mail).</i>	
CORRESPONDING SECRETARY	NATIONAL #	NAME (Last, First, Middle)
	<i>Please indicate any changes here (e.g., address, phone number and e-mail).</i>	
TREASURER	NATIONAL #	NAME (Last, First, Middle)
	<i>Please indicate any changes here (e.g., address, phone number and e-mail).</i>	
REGISTRAR	NATIONAL #	NAME (Last, First, Middle)
	<i>Please indicate any changes here (e.g., address, phone number and e-mail).</i>	
HISTORIAN	NATIONAL #	NAME (Last, First, Middle)
	<i>Please indicate any changes here (e.g., address, phone number and e-mail).</i>	
LIBRARIAN	NATIONAL #	NAME (Last, First, Middle)
	<i>Please indicate any changes here (e.g., address, phone number and e-mail).</i>	
HONORARY REGENT	NATIONAL #	NAME (Last, First, Middle)
	<i>Please indicate any changes here (e.g., address, phone number and e-mail).</i>	

Date of election _____ Date of taking office _____ Length of term _____

I hereby certify that this report is correct. Signed _____

CHAPTER _____