

Wild Ones Chapter Information Sheet

Chapter Name _____

Chapter Location (City and State) _____

Geographic Scope of Area _____

Meeting Location _____

Officers

President _____ Vice-President _____

Address _____ Address _____

Phone _____ Phone _____

E-Mail _____ E-Mail _____

Treasurer _____ Secretary _____

Address _____ Address _____

Phone _____ Phone _____

E-Mail _____ E-Mail _____

Membership Chair _____ Contact Person* _____

Address _____ Address _____

Phone _____ Phone _____

E-Mail _____ E-Mail _____

*The Contact person will be listed in the *Wild Ones Journal* and other Wild Ones materials as the person to contact for chapter information and may also hold a position as a chapter officer.

On the back of this form, list the names of any current Wild Ones members who should be assigned to your new chapter.

Send this completed form to:

Wild Ones, P.O. Box 1274, Appleton, Wisconsin 54912-1274