



Affiliated Technical Society Officers Year: _____

Group: _____

Abbreviation/acronym: _____ # of Members: _____

Monthly meeting night: (i.e. 2nd Thursday of each month) _____

President Name: _____

Company _____

Address: _____

City, St, Zip _____

Phone _____

Email _____

Fax: _____

Secretary Name: _____

Company _____

Address: _____

City, St, Zip _____

Phone _____

Email _____

Fax: _____

Vice-President Name: _____

Company _____

Address: _____

City, St, Zip _____

Phone _____

Email _____

Fax: _____

Treasurer Name: _____

Company _____

Address: _____

City, St, Zip _____

Phone _____

Email _____

Fax: _____

Other Name: _____

Company _____

Address: _____

City, St, Zip _____

Phone _____

Email _____

Fax: _____

Other Name: _____

Company _____

Address: _____

City, St, Zip _____

Phone _____

Email _____

Fax: _____

Edits/Reviewed by: _____

Date: _____

Contact Phone: _____

Contact email: _____