

CLUB/DISTRICT OFFICER CHANGE FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION WHEN YOUR OFFICERS CHANGE AND EMAIL TO
GCFP Data Manager: gcfpdatabasemgr@gmail.com

CLUB NAME _____ DISTRICT _____

DATE OF ELECTION _____

PRESIDENT/DIRECTOR NAME _____

EMAIL _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

VICE-PRESIDENT/ASST DIRECTOR NAME _____

EMAIL _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

SECRETARY NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____

TREASURER NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____