



Election Report Form

Full Name of Society _____ Date ____/____/____

Number of total affiliate members _____ EIN _____

CHAIR OF THE BOARD

Name/Cred _____

Phone (_____) _____

E-mail _____

ASRT# _____

Term ____/____/____ to ____/____/____ NWP*

PRESIDENT

Name/Cred _____

Phone (_____) _____

E-mail _____

ASRT# _____

Term ____/____/____ to ____/____/____ NWP*

VICE PRESIDENT

Name/Cred _____

Phone (_____) _____

E-mail _____

ASRT# _____

Term ____/____/____ to ____/____/____ NWP*

PRESIDENT ELECT

Name/Cred _____

Phone (_____) _____

E-mail _____

ASRT# _____

Term ____/____/____ to ____/____/____ NWP*

SECRETARY

Name/Cred _____

Phone (_____) _____

E-mail _____

ASRT# _____

Term ____/____/____ to ____/____/____ NWP*

TREASURER

Name/Cred _____

Phone (_____) _____

E-mail _____

ASRT# _____

Term ____/____/____ to ____/____/____ NWP*

(Check One)

EXECUTIVE SECRETARY

MANAGEMENT COMPANY

Name/Cred _____

Phone (_____) _____

E-mail _____

ASRT# _____

Term ____/____/____ to ____/____/____ NWP*

Our members and nonmembers often rely on ASRT for contact information from the Affiliate Societies, therefore with completion of this form, some or all information will be available to all who visit our Web site. Please complete all fields listed for contact information.

* Please use NWP to indicate any contact information society officers **do not** want published on the ASRT Web site.

SIGNATURE OF AUTHORIZED AFFILIATE REPRESENTATIVE _____ DATE ____/____/____



Additional Officers and Board Members

TITLE _____
Name/Cred _____
Phone (_____) _____
E-mail _____
ASRT# _____
Term ____/____/____ to ____/____/____ NWP*

TITLE _____
Name/Cred _____
Phone (_____) _____
E-mail _____
ASRT# _____
Term ____/____/____ to ____/____/____ NWP*

TITLE _____
Name/Cred _____
Phone (_____) _____
E-mail _____
ASRT# _____
Term ____/____/____ to ____/____/____ NWP*

TITLE _____
Name/Cred _____
Phone (_____) _____
E-mail _____
ASRT# _____
Term ____/____/____ to ____/____/____ NWP*

TITLE _____
Name/Cred _____
Phone (_____) _____
E-mail _____
ASRT# _____
Term ____/____/____ to ____/____/____ NWP*

TITLE _____
Name/Cred _____
Phone (_____) _____
E-mail _____
ASRT# _____
Term ____/____/____ to ____/____/____ NWP*

Additional Society Information

Full Name of Society _____

Society's Acronym _____

Web Site Address _____

Date of Meeting ____/____/____ Location _____
City/State

Total Registering at this meeting _____

Please complete the following: Use additional sheet if necessary.

1. List any problem(s) observed and/or discussed which relate to ASRT, ASRT Education & Research Foundation, ARRT, JRCs and/or the affiliate.
Please be specific.

2. List any request(s) or special recommendation(s) to the ASRT President, Board of Directors, House of Delegates and/or ASRT staff and committees that require action.

3. Identify special program(s) or speaker(s) that may be of interest to the ASRT.

Information Regarding Next Year's Annual Meeting

Date of Meeting ____/____/____ to ____/____/____ Location _____

Provide Hotel/Conf. Ctr. Name _____

Address _____

City

State

Zip

Chair/Coordinator _____

Phone (_____) _____ E-mail _____

Send Affiliate Meeting Material to: Name/Title _____

Contact phone number and/or e-mail _____



Editor's or Web site Contact

List name of publication _____

Term of Office ____/____/____ to ____/____/____ ASRT # (if applicable) _____

Name/Credentials _____

Wk. Phone (_____) _____ Phone (_____) _____

E-mail _____

Legislative Contact

Term of Office ____/____/____ to ____/____/____ ASRT # (if applicable) _____

Name/Credentials _____

Wk. Phone (_____) _____ Phone (_____) _____

E-mail _____

This information will be distributed to the Communications and Government Relations Departments in order to ensure continuity throughout ASRT with affiliate contact information.