Polish Falcons of America

2025-2027 List of District Officers

☐ 2 years ☐ 4 years

PLEASE TYPE OR PRINT

District No. _____

ADDRESS FOR DISTRICT CORRESPONDENCE

Name_____

Address _____

City_____State_____ ZIP _____

Phone ( ) _____

E-mail _____

LIST OF ELECTED OFFICERS

At the District Convention held on

_____,
Date

the following Officers and Directors,
whose information can be found below, were elected:

PRESIDENT

Name_____

Address _____

City_____State_____ ZIP _____

Home Phone ( ) _____

Work Phone ( ) _____

E-mail _____

MALE VICE PRESIDENT *and/or* FEMALE VICE PRESIDENT

Name_____

Address _____

City_____State_____ ZIP _____

Home Phone ( ) _____

Work Phone ( ) _____

E-mail _____

Name_____

Address _____

City_____State_____ ZIP _____

Home Phone ( ) _____

Work Phone ( ) _____

E-mail _____

TREASURER

Name_____

Address _____

City_____State_____ ZIP _____

Home Phone ( ) _____

Work Phone ( ) _____

E-mail _____

RECORDING SECRETARY

Name_____

Address _____

City_____State_____ ZIP _____

Home Phone ( ) _____

Work Phone ( ) _____

E-mail _____

PHYSICAL INSTRUCTRESS *and/or* PHYSICAL INSTRUCTOR

Name_____

Address _____

City_____State_____ ZIP _____

Home Phone ( ) _____

Work Phone ( ) _____

E-mail _____

Name_____

Address _____

City_____State_____ ZIP _____

Home Phone ( ) _____

Work Phone ( ) _____

E-mail _____

(CONTINUED ON REVERSE)

DIRECTORS (NO MORE THAN ONE FROM EACH NEST)

Name_____ Nest_____
Name_____ Nest_____
Name_____ Nest_____
Name_____ Nest_____
Name_____ Nest_____
Name_____ Nest_____
Name_____ Nest_____
Name_____ Nest_____
Name_____ Nest_____
Name_____ Nest_____

AUDIT COMMITTEE	**Nest**	**ALTERNATIVE AUDITORS**	**Nest**
Name_____	_____	Name _____	_____
Name_____	_____	Name _____	_____
Name_____	_____	Name _____	_____

District Legion of Honor Circle Chairperson:_____ Nest: _____
National Bowling Commissioner:_____ Nest: _____
National Bowling Commissioner:_____ Nest: _____
National Golf Commissioner:_____ Nest: _____
National Golf Commissioner:_____ Nest: _____

FALCONETTE COMMISION

I.D. NO. (IRS)_____

SECRETARY

Name_____
Address _____
City_____State_____ ZIP _____
Home Phone ( ) _____
Work Phone ( ) _____
E-mail _____

TREASURER

Name_____
Address _____
City_____State_____ ZIP _____
Home Phone ( ) _____
Work Phone ( ) _____
E-mail _____

Signatures (One of Three)

_____ President
_____ Recording Secretary
_____ Treasurer

SEND ONE COPY OF THIS FORM TO PFA NATIONAL HEADQUARTERS AND KEEP ONE FOR YOUR RECORDS