



Polish Falcons of America

Term: ___2 years ___4 years

2021-2023 List of District Officers

PLEASE TYPE OR PRINT

District No. _____

Convention Held: ___ In Person ___ Conference Call ___ Virtual

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 _____

DIRECTORS (NOT LESS THAN FIVE, 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 _____

AUDIT COMMITTEE

Nest

Nest

Name _____ Name _____
Name _____ Name _____
Name _____ Name _____

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

FALCONETTE COMMISSION

I.D. NO. (IRS) _____

SECRETARY

TREASURER

Name _____
Address _____
City _____ State _____ ZIP _____
Home Phone () _____
Work Phone () _____
E-mail _____

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