



Polish Falcons of America

2023-2025 List of District

2 years 4 years

Officers *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 _____

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 _____

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

TREASURER

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