

Chevron Retirees Association Report of Chapter Officers

Chapter: _____	
Dates of Office: _____ Through _____	Date Submitted: _____
MEETING INFORMATION (check all that apply)	
Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual ☐ Other _____	
Upcoming Meeting Dates: _____	
Location (place(s) / city or town): _____	
Activities: ☐ Luncheon ☐ Picnic / BBQ ☐ Outing(s) / Other _____	
Legacy companies with which you are most closely associated: ☐ Chevron ☐ Gulf ☐ Texaco ☐ Unocal ☐ Caltex ☐ Other _____	

<u>PRESIDENT:</u>			
Address			
City, State, Zip			
Phone / Cell		E-mail	

<u>SECRETARY:</u>			
Address			
City, State, Zip			
Phone / Cell		E-mail	

MEMBERSHIP RECRUITMENT CONTACT			
Address			
City, State, Zip			
Phone / Cell		E-mail	

INSTRUCTIONS – Prior to December 31 each year or during the year whenever there is a change of Chapter Officers or Membership Recruitment Contact, please complete this form. If you have a "satellite" or "sub-chapter", please report their contact information on **page 2**.

Complete the form online, save a copy as you would any other linked document and distribute via email (preferred) to your Area Vice President (AVP) with copies to the Assn President, Assn Secretary, Demographics, Communications, and Membership Chairs.

If you **need to mail this form**, print and save the completed form and send it to the CRA Secretary and ask them to perform the require distribution.

PLEASE PROOFREAD TO ENSURE ACCURACY.

OTHER OFFICERS - OPTIONAL

TITLE:			
Name			
Address			
City, State, Zip			
Phone /Cell		E-mail	

TITLE:			
Name			
Address			
City, State, Zip			
Phone /Cell		E-mail	

TITLE:			
Name			
Address			
City, State, Zip			
Phone /Cell		E-mail	

TITLE:			
Name			
Address			
City, State, Zip			
Phone /Cell		E-mail	

If applicable to your chapter, complete the following:

SATELLITE or SUB CHAPTER NAME: _____			
Liaison or Leader's Name:	_____		
Address:	_____		
City, State, Zip	_____		
Phone /Cell		E-mail	