CERTIFICATION OF OFFICERS

NOTE: THE COMPLETION OF THIS FORM IS VERY IMPORTANT! PLEASE COMPLETE AND MAIL TO THE ADDRESS SHOWN BELOW.

VOITURE LOCALE #_____ DATE_____

CHEF de GARE_____

ADDRESS_____

CITY_____STATE___**IN**___ZIP_____

PHONE_____EMAIL_____**c**_____

CORRESPONDANT_____

ADDRESS_____

CITY_____STATE___**IN**___ZIP_____

PHONE:_____EMAIL_____

Voiture Promenade is held on the_____night of each month at_____
(week & day) Time: 1200pm Phone: (317) 852-3200

Annual Dues: $_____

Signed_____ _____
Correspondant Locale Chef de Gare

Mail to Grand Correspondant:
BOB HOCK
5611 W. LAKEVIEW DR
LAPORTE, IN 46350
219-362-6013 *indbobhock@gmail.com*

Please return this form after installation of officers - no later than 15th June...