

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 _____ ZIP _____

PHONE _____ EMAIL _____

CORRESPONDANT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ EMAIL _____

Voiture Promenade is held on the _____ night of each month at _____
(week & day) Time: Phone: :) (place)

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...