

USCO OFFICERS FORM

3033 Lakeshore Blvd. W.
Toronto, ON M8V 1K5
416.252.2021/www.uscont.ca

Club #: _____
Town/City: _____
Date: _____

Club Name: _____
Address: _____
Town/City and Postal Code: _____
Phone & Email: _____
of Members: _____ Date of Elections: _____

Club Contact Information: Above () **OR** check **ONE** correct address below

() **President:** _____ Phone: _____
Address: _____
Town/City & Postal Code: _____
Email: _____

() **Vice President:** _____ Phone: _____
Address: _____
Town/City and Postal Code: _____
Email: _____

() **Secretary:** _____ Phone: _____
Address: _____
Town/City and Postal Code: _____
Email: _____

() **Treasurer:** _____ Phone: _____
Address: _____
Town/City and Postal Code: _____
Email: _____

FOR OFFICE USE ONLY		ZONE _____
Date: _____	Membership Dues: _____	
Date: _____	Membership Dues: _____	
Date: _____	Membership Dues: _____	