

Chevron Retirees Association Report of Chapter Officers

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

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

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

OTHER OFFICERS – OPTIONAL (Use page 2 if needed)

| | | | |
|------------------|--|--------|--|
| TITLE: | | | |
| Name | | | |
| 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, 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 and Communications Chairs.

If you **need to mail this form**, print the completed form, after you save it, and send it to your AVP along with four (4) copies. The AVP will retain a copy and make distribution to the above individuals. If there are **no changes** from the prior year, you do not need to submit the form; however, please **advise the CRA Secretary**.

PLEASE PROOFREAD TO ENSURE ACCURACY.

OTHER OFFICERS - OPTIONAL

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

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

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| 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 | |