DISTRICT OFFICERS' LIST 2024

DISTRICT NAME:_____

ADDRESS:_____

MEETING DAY/TIME: (1ST, 2ND, 3RD, 4TH)_____ TIME:_____

CODE & TITLE	NAME ADDRESS	CITY, STATE, ZIP	AREA CODE TELEPHONE	FAX # AND/OR E-MAIL ADDRESS
A Chaplain				
B President				
C 1 st Vice				
D 2 nd Vice				
E Record. Secretary				
F (optional) Corres. Secretary				
G Financial Secretary				
H (optional) Treasurer				
l Orator				
J Trustee				
J (optional) Trustee				
J (optional) Trustee				
K Sentinel				
District Deputy				
	TITLEA ChaplainB PresidentC 1st ViceD 2nd ViceD 2nd ViceF (optional) Corres. SecretaryG Financial SecretaryG Financial SecretaryH (optional) TreasurerI OratorJ (optional) TrusteeJ (optional) TrusteeJ (optional) TrusteeK SentinelDistrict	TITLEADDRESSA Chaplain	TITLE ADDRESS CITY, STATE, ZIP A Chaplain	TITLE ADDRESS CITY, STATE, ZIP TELEPHONE A Chaplain