

**LOCAL ASSOCIATION OFFICERS REPORT
2009 – 2010**

Due by: AUGUST 1, 2009

Please print or type all information.

NAME OF LOCAL ASSOCIATION _____ # _____

Date of annual meeting _____

Date of next meeting _____

PRESIDENT: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: (home) - () _____ (office) - () _____.

E-MAIL: _____ **FAX:** _____

ASSOCIATION MANAGER: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: (home) - () _____ (office) - () _____.

E-MAIL: _____ **FAX:** _____

**MAIL FORM IMMEDIATELY AFTER ANNUAL MEETING TO:
MISSOURI STATE USBC ASSN.
RT 1, BOX 488-6
AVA, MO 65608**