

**GREA LOCAL UNIT OFFICER INFORMATION SHEET 20 \_\_\_\_\_**  
**The President and President-Elect must be a GREA Member**

PLEASE COMPLETE AND MAIL 1 COPY TO STATE OFFICE AND 1 COPY TO AREA DIRECTOR BY **JUNE 1**.

**Name of local unit as it should be listed** \_\_\_\_\_ **AREA** \_\_\_\_\_

Title	Name	Telephone	E-mail Address
President			
President-Elect			
Membership Chr.			
Legislative Chr.			

**Please provide the information for the unit's meetings.**

Location (Restaurant, school, etc.): \_\_\_\_\_

Check the months the unit meets  
 JUL              AUG              SEP              OCT              NOV              DEC  
                     JAN              FEB              MAR              APR              MAY              JUN

Click the circle next week in which the unit meets              1<sup>st</sup> week              2<sup>nd</sup> week              3<sup>rd</sup> week              4<sup>th</sup> week

Click the circle next to the day of the week the unit meets              MON              TUES              WED              THU              FRI              SAT

Give the time of day the unit meets              \_\_\_\_\_ a.m.              \_\_\_\_\_ p.m.

Exceptions to the above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_