



Appendix B CURRENT COMMITTEE / COUNCIL EXECUTIVE CONTACT INFORMATION

COMMITTEE / COUNCIL: _____ As Of Date _____

Position			
Name			
Mailing Address			
Email (not work)			
Phone (W)	(H)	(C)	

Position			
Name			
Mailing Address			
Email (not work)			
Phone (W)	(H)	(C)	

Position			
Name			
Mailing Address			
Email (not work)			
Phone (W)			

Position			
Name			
Mailing Address			
Email (not work)			
Phone (W)	(H)	(C)	

**** If a change occurs, submit updated form to REVP & Regional Office within 30 days**



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Position			
Name			
Mailing Address			
Email (not work)			
Phone (W)	(H)	(C)	

Position			
Name			
Mailing Address			
Email (not work)			
Phone (W)			

Position			
Name			
Mailing Address			
Email (not work)			
Phone (W)	(H)	(C)	

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