

*Associated Square Dancers of Superior California*

*Club Officer Roster for \_\_\_\_\_ (insert year)*

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Club Name: \_\_\_\_\_ Term of Office: \_\_\_\_\_ Club Anniversary: \_\_\_\_\_

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President Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Caller: \_\_\_\_\_ Workshop Day & Time: \_\_\_\_\_

New Dancer Class: \_\_\_\_\_ Day & Time: \_\_\_\_\_

Cuer: \_\_\_\_\_

Workshop Format/Level: \_\_\_\_\_ Workshop Location: \_\_\_\_\_

Club open to: \_\_\_\_\_ Address: \_\_\_\_\_

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