



VVA CALIFORNIA STATE COUNCIL, INC. CHAPTER INFORMATION AND ACTIVITIES REPORT

(Please fill out and return to CSC Secretary – Very Important)

Chapter #		Date:	
Chapter Name:			
Mailing Address		PO Box#	
City:		Zip:	Website:
Chapter Phone#		Fax:	Email:

Officer Information

PRESIDENT

Name:			
Mailing Address		PO Box#	
City:		Zip:	Website:
Phone#		Fax:	Email:

CSC REGULAR DELEGATE

Name:			
Mailing Address			
City:		Zip:	Website:
Chapter Phone#		Fax:	Email:

CSC ALTERNATE DELEGATE

Name:			
Mailing Address			
City:		Zip:	Website:
Chapter Phone#		Fax:	Email:

CSC ALTERNATE DELEGATE

Name:			
Mailing Address			
City:		Zip:	Website:
Chapter Phone#		Fax:	Email:

CCSC ALTERNATE DELEGATE

Name:			
Mailing Address			
City:	Zip:	Website:	
Chapter Phone#		Fax:	Email:

CHAPTER MEETING INFO

Day:		Date:		Time:	
Location:					

REQUIRED CHAPTER REPORTS:				
	Chapter Election		CA State	
	Chapter Financial:		Incorporation:	
	HGDP Contract:			

(Past activities since last report.)

ONGOING EVENTS:

UPCOMING EVENTS:

ANNOUNCEMENTS:

OTHER COMMENTS:

Return to:
 Tom Hohmann
 VVA CSC Secretary
 PO Box 3007
 Riverside, CA 92519-3007
 E-Mail info to secretary@vvacalsc.com (Preferred form of transmission)