



2010 AjPHA Regional Club Update

Regional Clubs must submit this form with a current membership list to remain an active, recognized AjPHA Regional Club.

Club Name: _____

Date of Annual Elections: _____ Advisor's Name: _____

Advisor's Phone: _____ Please do not publish my phone number

Advisor's Email: _____ Please do not publish my email address

Advisor's Address: _____

Signature of Club Advisor: _____

List club officers below:

1. Position/title: _____

Name: _____

AjPHA ID Number: _____

Address: _____

City/State/Zip: _____

5. Position/title: _____

Name: _____

AjPHA ID Number: _____

Address: _____

City/State/Zip: _____

2. Position/title: _____

Name: _____

AjPHA ID Number: _____

Address: _____

City/State/Zip: _____

6. Position/title: _____

Name: _____

AjPHA ID Number: _____

Address: _____

City/State/Zip: _____

3. Position/title: _____

Name: _____

AjPHA ID Number: _____

Address: _____

City/State/Zip: _____

7. Position/title: _____

Name: _____

AjPHA ID Number: _____

Address: _____

City/State/Zip: _____

4. Position/title: _____

Name: _____

AjPHA ID Number: _____

Address: _____

City/State/Zip: _____

8. Position/title: _____

Name: _____

AjPHA ID Number: _____

Address: _____

City/State/Zip: _____

Attach a current membership list. Postmark to Director of Youth Activities by January 1, 2010.



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