



California  
Workforce  
Connection

EDUCATION ★ INNOVATION ★ OPPORTUNITY

Credentials: Local Chapter Election of Officers Report

Form is to be submitted to the California Chapter Secretary prior to the first California Chapter Board of Directors meeting of a new Administrative Year.

I, \_\_\_\_\_ state that the following persons are the  
(Name of person completing form)

elected officers (and delegates where applicable) \_\_\_\_\_  
(Name of Local Chapter)

1. President: \_\_\_\_\_

2. First Vice President: \_\_\_\_\_

3. Second Vice President: \_\_\_\_\_

4. Treasurer: \_\_\_\_\_

5. Secretary: \_\_\_\_\_

6. Delegate: \_\_\_\_\_

7. Delegate: \_\_\_\_\_

8. Signature of person completing form: \_\_\_\_\_

9. Local Chapter Office Held: \_\_\_\_\_

Date Signed: \_\_\_\_\_

\* Provide the mailing address and contact phone number for the President and the Treasurer.