

NEW YORK STATE ORGANIZATION, NSDAR **2025 CHAPTER OFFICER REPORT FORM**

All Chapter Regents <u>must</u> complete both pages of this form and submit it annually to the State Corresponding Secretary.

Due – June 30, 2025

Mail to: State Corresponding Secretary-elect Catherine Blind 135 Kinmont Drive Rochester, NY 14612-3311

585-290-7985 stronggirl526@yahoo.com

This form is also available on the NY State website at **www.nydar.org.** It is writable and savable. You may then email it to: **stronggirl526@yahoo.com**.

(please put chapter name in subject line when emailing)

Chapter Name		No. of Members
Location	Computer Code	District

Date of Election _____ Date of Taking Office _____ Length of Term _____

**** PLEASE TYPE OR PRINT LEGIBLY ****

	National # Name(Last, First, Middle)			Prefix(Ex.Mrs. John)
	Address		9 digit zip code	
REGENT				
	Email		Area Code & Phone #	
	National #	Name(Last, First, Middle)		Prefix(Ex.Mrs. John)
VICE	Address			9 digit zip code
REGENT				
	Email		Area Code & Phone #	

If neither the Regent or Vice Regent has email please enter chapter contact information below.

Name	Email
Address	Phone
Chapter Position or Office	National Number

Please complete and sign other side.

	National #	Name(Last, First, Middle)		Prefix(Ex.Mrs. John)
SECOND	Address			9 digit zip code
VICE	Address			9 digit zip code
VICE				
REGENT	Email		Area Code & Phone #	
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	Email		Area Code & Phone #	
	National #	Name(Last, First, Middle)		Prefix(Ex.Mrs. John)
RECORDING	Address			9 digit zip code
SECRETARY				
	Email		Area Code & Phone #	
	National #	Name(Last, First, Middle)		Prefix(Ex.Mrs. John)
	National #	Name(Last, First, Middle)		FIEIX(EX.MIS. John)
CORRESP.	Address			9 digit zip code
SECRETARY				
	Email		Area Code & Phone #	
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	Address			9 digit zip code
HISTORIAN				,
HISTORIAN				
	Email		Area Code & Phone #	
	National #	Name(Last, First, Middle)		Prefix(Ex.Mrs. John)
	Address			9 digit zip code
LIBRARIAN				
	Email		Area Code & Phone #	
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CHAPTER	1			
REGENT	T			1
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I hereby certify that this report is correct.