



NEW YORK STATE ORGANIZATION, NSDAR
2024 CHAPTER OFFICER REPORT FORM

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

Due – June 30, 2024

Mail to:
State Corresponding Secretary
Robbie Dreeson
60 Mandy Lane
Rochester, NY 14625-1737
585-752-0107 radreeson@rochester.rr.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: radreeson@rochester.rr.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 ****

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

SECOND VICE REGENT	National #	Name(Last, First, Middle)	Prefix(Ex.Mrs. John)
	Address		9 digit zip code
	Email	Area Code & Phone #	
CHAPLAIN	National #	Name(Last, First, Middle)	Prefix(Ex.Mrs. John)
	Address		9 digit zip code
	Email	Area Code & Phone #	
RECORDING SECRETARY	National #	Name(Last, First, Middle)	Prefix(Ex.Mrs. John)
	Address		9 digit zip code
	Email	Area Code & Phone #	
CORRESP. SECRETARY	National #	Name(Last, First, Middle)	Prefix(Ex.Mrs. John)
	Address		9 digit zip code
	Email	Area Code & Phone #	
TREASURER	National #	Name(Last, First, Middle)	Prefix(Ex.Mrs. John)
	Address		9 digit zip code
	Email	Area Code & Phone #	
REGISTRAR	National #	Name(Last, First, Middle)	Prefix(Ex.Mrs. John)
	Address		9 digit zip code
	Email	Area Code & Phone #	
HISTORIAN	National #	Name(Last, First, Middle)	Prefix(Ex.Mrs. John)
	Address		9 digit zip code
	Email	Area Code & Phone #	
LIBRARIAN	National #	Name(Last, First, Middle)	Prefix(Ex.Mrs. John)
	Address		9 digit zip code
	Email	Area Code & Phone #	
HONORARY CHAPTER REGENT	National #	Name(Last, First, Middle)	Prefix(Ex.Mrs. John)
	Address		9 digit zip code
	Email	Area Code & Phone #	

I hereby certify that this report is correct.

Signed _____ Date _____
(Chapter Regent)