



SONS OF PERICLES ELECTION RETURN FORM

Chapter Name: _____ Number: _____ District: _____

City & State: _____

Date Elections Held: _____

Term of Office: _____, 20__ to _____, 20__

Chapter President:

Name: _____ Serial Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Chapter Vice President:

Name: _____ Serial Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Chapter Secretary:

Name: _____ Serial Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Chapter Treasurer:

Name: _____ Serial Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Chapter Advisor:

Name: _____ Serial Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Respectfully Submitted By:

Chapter President _____ Date: _____

Chapter Secretary _____ Date: _____

Chapter Advisor _____ Date: _____