

TEXAS WATER UTILITIES ASSOCIATION SUBSIDIARY UNIT VITAL INFORMATION FORM

Please complete this form in detail and return it to the T.W.U.A. Central Office, 1106 Clayton Lane, Suite 112 West, Austin, Texas 78723, by **DECEMBER 31st**. This information will be used to update all Central Office Information. Please include name, address, and phone numbers for every officer.

Name of Unit: _____

Total Dues for your Dist/Chap/Sect/ (including Association Dues):\$50.00 + _____

What time & day of the month does your Dist/Chap. meet? _____

OFFICERS FOR 20 _____ :

President: _____ E-mail Address _____

Mailing Address _____

Daytime Telephone _____ FAX Number _____ Cell Number _____

President Elect _____ E-mail Address _____

Mailing Address _____

Daytime Telephone _____ FAX Number _____ Cell Number _____

Vice-President _____ E-mail Address _____

Mailing Address _____

Daytime Telephone _____ FAX Number _____ Cell Number _____

Secretary/Treasurer _____ E-mail Address _____

Mailing Address _____

Daytime Telephone _____ FAX Number _____ Cell Number _____

Program Chairman _____ E-mail Address _____

Mailing Address _____

Daytime Telephone _____ FAX Number _____ Cell Number _____

If more space is needed, use this same format and attach another sheet to this form with additional officers who will be responsible for the listed duties. Include individual name, address, and day-time telephone and FAX number.

Submitting Monthly Program Reports _____

Maintaining Membership Records _____

Submitting Meeting Notice Information for Printing _____

Paying Invoices/Accounting _____