

**REPORT OF  
CHAPTER OFFICERS  
FOR 2024  
CALENDAR YEAR**



**Assured Life Association**  
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**From:** \_\_\_\_\_  
Name of Chapter Chapter No. Location of Chapter

**Please note that the Society MUST have an Electronic Contact or E-Contact for the Chapter. This E-Contact does not have to be a current officer, but the individual must have internet and email capabilities and willing to download reports or newsletters sent electronically or complete reports online on behalf of the Chapter.**

(Please type or print legibly and complete all information)

**Electronic Contact (E-Contact)** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Secretary** \_\_\_\_\_ **Home Phone:** (     ) \_\_\_\_\_

**Address** \_\_\_\_\_ **Cell Phone:** (     ) \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Consul Commander/President** \_\_\_\_\_ **Home Phone:** (     ) \_\_\_\_\_

**Address** \_\_\_\_\_ **Cell Phone:** (     ) \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Adviser Lieutenant/Vice President** \_\_\_\_\_ **Home Phone:** (     ) \_\_\_\_\_

**Address** \_\_\_\_\_ **Cell Phone:** (     ) \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Banker/Treasurer** \_\_\_\_\_ **Home Phone:** (     ) \_\_\_\_\_

**Address** \_\_\_\_\_ **Cell Phone:** (     ) \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **zip** \_\_\_\_\_

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**Newsletter Editor** \_\_\_\_\_ **Home Phone:** (     ) \_\_\_\_\_

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**City** \_\_\_\_\_ **State** \_\_\_\_\_ **zip** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_