

**REPORT OF CHAPTER OFFICERS
FOR 2025 CELENDAR YEAR
Deadline to Complete: May 1, 2025**

**ASSURED LIFE
ASSOCIATION**

Chapter # _____ Chapter Name _____

City _____ State _____

*Please include an email address for at least one of the below contacts.

Secretary Name _____ Primary Phone _____

Street Address _____

City _____ State _____ Zip _____

Email _____

President Name _____ Primary Phone _____

Street Address _____

City _____ State _____ Zip _____

Email _____

Vice President Name _____ Primary Phone _____

Street Address _____

City _____ State _____ Zip _____

Email _____

Banker/Treasurer Name _____ Primary Phone _____

Street Address _____

City _____ State _____ Zip _____

Email _____

Please mail completed form to:

Assured Life Association, 6025 S. Quebec St. Ste. 320, Centennial, CO 80111