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Date _____

A Michigan
Non-Profit
Corporation

WHO ARE YOUR DIRECTORS AND OFFICERS?

Please list the names and addresses of your officers, board members and newsletter editor so that we may put them on the mailing list for the UCOM newsletter. **Notify UCOM of any changes in writing.**

Association Name: _____

NAMES AND ADDRESSES OF OFFICERS

President: _____ Phone () _____

Address (Street or Box #) _____

City/Zip _____ Email _____

Vice President: _____ Phone () _____

Address (Street or Box #) _____

City/Zip _____ Email _____

Secretary: _____ Phone () _____

Address (Street or Box #) _____

City/Zip _____ Email _____

Treasurer: _____ Phone () _____

Address (Street or Box #) _____

City/Zip _____ Email _____

OTHER DIRECTORS

Name: _____ Phone () _____

Address (Street or Box #) _____

City/Zip _____ Email _____

Name: _____ Phone () _____

Address (Street or Box #) _____

City/Zip _____ Email _____

Name: _____ Phone () _____

Address (Street or Box #) _____

City/Zip _____ Email _____

Newsletter Editor: _____ Phone () _____

Address (Street or Box #) _____

City/Zip _____ Email _____

(Use other side if needed)