



FULL GOSPEL BUSINESS MENS FELLOWSHIP INTERNATIONAL
CHAPTER OFFICERS ELECTION REPORT FOR CHAPTER #

OFFICIAL MAILING ADDRESS

*** PLEASE PRINT CLEARLY***

Chapter Name: _____ Chapter # _____

Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Chapter Email: _____

PRIMARY MEETING PLACE

Meeting Place Name: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Day of Meeting: Sun Mon Tue Wed Thur Fri Sat

Frequency of Meeting: 1st 2nd 3rd 4th Every Week

Meeting Time: _____ AM PM

Please Fill In The Appropriate Information

This Chapter is: Active Inactive Pending (In Formation) Fellowship Group
 Ladies of the Fellowship Chapter Youth Chapter

Director: _____ Phone: _____

Field Rep: _____ Phone: _____

District Coordinator: _____ Phone: _____

Election Moderated by: _____ Phone: _____

Moderators Signature: _____ Date: _____

Comments: _____

Send to: FGBMFI, PO Box 19714, Irvine, CA 92623 Phone: +1 949-461-0100 Fax: +1 949-609-0344

Chapter/Group Officers

(Must Be Current Members of FGBMFI)

PRESIDENT (COORDINATOR)

NEW RE-ELECTED

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Home Phone: (____) _____ Business Phone: (____) _____ Cell Phone: (____) _____

Fax Phone: (____) _____ Email: _____

Spouse Name: _____ Spouse Email: _____

VICE-PRESIDENT (Chapters Only)

NEW RE-ELECTED

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Home Phone: (____) _____ Business Phone: (____) _____ Cell Phone: (____) _____

Fax Phone: (____) _____ Email: _____

Spouse Name: _____ Spouse Email: _____

SECRETARY (Appointed by President)

[responsible for recordkeeping, memberships & communications]

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Home Phone: (____) _____ Business Phone: (____) _____ Cell Phone: (____) _____

Fax Phone: (____) _____ Email: _____

Spouse Name: _____ Spouse Email: _____

TREASURER

NEW RE-ELECTED

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Home Phone: (____) _____ Business Phone: (____) _____ Cell Phone: (____) _____

Fax Phone: (____) _____ Email: _____

Spouse Name: _____ Spouse Email: _____