

GSNA District/Local Officers for 2026-2027

SEND TO GSNA STATE HEADQUARTERS OFFICE BY MARCH 2, 2026.

IF NOT RECEIVED, INFORMATION WILL NOT BE IN NEXT YEAR'S HANDBOOK AND FUTURE CORRESPONDENCE WILL NOT BE MAILED
WITHOUT THIS INFORMATION!

ELECTED OFFICERS FOR YEAR _____

DISTRICT NUMBER _____

CHAPTER ID _____ (example: **01 Z**) CHAPTER/COUNTY NAME: _____

PRESIDENT

Name _____

Home Address _____ Home Telephone Number _____

City _____ State _____ Zip _____

Work Address (including school's or BOE's full name) _____

City _____ State _____ Zip _____

Work Telephone Number _____ Fax Number _____

E-mail address _____

PRESIDENT-ELECT

Name _____

Home Address _____ Home Telephone Number _____

City _____ State _____ Zip _____

Work Address (including school's or BOE's full name) _____

City _____ State _____ Zip _____

Work Telephone Number _____ Fax Number _____

E-mail address _____

COMPLETE THE NEXT PAGE OF THIS FORM WITH SECRETARY and TREASURER INFORMATION

GSNA District/Local Officers for 2026-2027

SECRETARY

Name _____

Home Address _____ Home Telephone Number _____

City _____ State _____ Zip _____

Work Address (including school's or BOE's full name) _____

City _____ State _____ Zip _____

Work Telephone Number _____ Fax Number _____

E-mail address _____

TREASURER

Name _____

Home Address _____ Home Telephone Number _____

City _____ State _____ Zip _____

Work Address (including school's or BOE's full name) _____

City _____ State _____ Zip _____

Work Telephone Number _____ Fax Number _____

E-mail address _____

PUBLIC POLICY & LEGISLATION CHAIR

Name _____

Home Address _____ Home Telephone Number _____

City _____ State _____ Zip _____

Work Address (including school's or BOE's full name) _____

City _____ State _____ Zip _____

Work Telephone Number _____ Fax Number _____

E-mail address _____