

**ANNUAL REGIONAL REPORT
ADMINISTRATIVE PERSONNEL ASSOCIATION, INC.**

REGION: _____

DATE: _____

Within two weeks of the end of your regional conference, the **Regional President, Certification Chair and Membership Chair** should each complete this form and send to the National Office Manager, APA Webmaster, National Certification Chair and National Membership Chair.

NEW REGIONAL OFFICERS

President

Name
Address
Phone
Email

President Elect

Name
Address
Phone
Email

Past-President

Name
Address
Phone
Email

Secretary

Name
Address
Phone
Email

Treasurer

Name
Address
Phone
Email

CERTIFICATION CHAIR

Members Name and Address Certified at Regional Conference

LEVEL I

LEVEL II

LEVEL III

MEMBERSHIP CHAIR

MEMBER NAME, ADDRESS AND EMAIL CHANGES

NEW LIFE MEMBERS

REMOVE FROM LIST