

**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*

**ADDITIONAL STUDY**

**MEMBERSHIP CHAIR**

*MEMBER NAME, ADDRESS AND EMAIL CHANGES*

*NEW LIFE MEMBERS*

*REMOVE FROM LIST*