

**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