

# TEXAS WATER UTILITIES ASSOCIATION SUBSIDIARY UNIT VITAL INFORMATION FORM

Please complete this form in detail and return it to the T.W.U.A. Central Office, 1106 Clayton Lane, Suite 112 West, Austin, Texas 78723, by **DECEMBER 31<sup>st</sup>**. This information will be used to update all Central Office Information. Please include name, address, and phone numbers for every officer.

Name of Unit: \_\_\_\_\_

Total Dues for your Dist/Chap/Sect/ (including Association Dues):\$50.00 + \_\_\_\_\_

What time & day of the month does your Dist/Chap. meet? \_\_\_\_\_

**OFFICERS FOR 20** \_\_\_\_\_ :

**President:** \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ FAX Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**President Elect** \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ FAX Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Vice-President** \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ FAX Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Secretary/Treasurer** \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ FAX Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Program Chairman** \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ FAX Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**If more space is needed, use this same format and attach another sheet to this form with additional officers who will be responsible for the listed duties. Include individual name, address, and day-time telephone and FAX number.**

Submitting Monthly Program Reports \_\_\_\_\_

Maintaining Membership Records \_\_\_\_\_

Submitting Meeting Notice Information for Printing \_\_\_\_\_

Paying Invoices/Accounting \_\_\_\_\_