



South Dade Area Subcommittee Report

GENERAL INFORMATION

Subcommittee Name: _____

Your Name: _____

Card Needed: Yes: No:

CHAIRPERSON INFORMATION

Change:

Old Information:

New Information:

Name: From: _____ To: _____

Address: From: _____ To: _____

City, State, Zip: From: _____ To: _____

Telephone: From: _____ To: _____

Email: From: _____ To: _____

VICE CHAIR INFORMATION

Change:

Old Information:

New Information:

Name: From: _____ To: _____

Address: From: _____ To: _____

City, State, Zip: From: _____ To: _____

Telephone: From: _____ To: _____

Email: From: _____ To: _____

SUBCOMMITTEE INFORMATION

Old Business: _____

Elections: _____

New Business: _____
