


DUE DATE: Annually or 14 business days of taking Office
RETURN TO: Recreation Activities Manager

 SUN CITY WEST <small>Arizona's Premier Active Adult Golf Community</small>	NEW CLUB OFFICERS AND RULES, REGULATIONS AND PROCEDURES FOR CHARTERED CLUB AFFIRMATION REPORT	CLUB NAME: <hr/> LOCATION: <hr/> DATE: <hr/>
President (PRINT)		Rec. Card No.
Address		
Telephone		E-Mail
*SIGNATURE		
Vice-President		Rec. Card No.
Address		
Telephone		E-Mail
*SIGNATURE		
Secretary (PRINT)		Rec. Card No.
Address		
Telephone		E-Mail
*SIGNATURE		
Treasurer (PRINT)		Rec. Card No.
Address		
Telephone		E-Mail
* SIGNATURE		
WEB MASTER		Rec. Card No.
E-MAIL		
Term of Office for above Officers is FROM _____ TO _____		
*We the above signed officer(s) have read and understand the Rules, Regulations, and Procedures for Chartered Clubs in the Recreation Centers of Sun City West, Inc. and will abide by them.		
Clubs Official Mailing Address		
SUBMITTED BY: _____ TITLE: _____ DATE: _____		