

**Chevron Retirees Association
Report of Social Group Leadership**

Social Group: _____

Dates of Office: _____ **Date Submitted:** _____

Leader(s):	
Mailing Address	
City, State, Zip	
Phone/Cell:	E-mail:

Area Vice President's Name: _____

Number of CRA Dues-Paying Members in Social Group: _____
(minimum four [4] members)

Instructions: Prior to December 31 each year or during the year whenever there is a change of Social Group leadership, please complete this form and send (email is preferred) to your Area Vice President, who will make further distribution, as appropriate. If there are no changes from the prior year, omit submitting the form but please advise your Area Vice President.

PLEASE PRINT NEATLY OR TYPE AND PROOFREAD TO ASSURE ACCURACY. ALL FIELDS ARE REQUIRED .