

South Dade Area Subcommittee Report

GENERAL INFORMATION

Subcommittee Name: _____

Your Name: _____ Card Needed: Yes: No:

CHAIRPERSON INFORMATION

Change:

New Information:

Name: To: _____

Address: To: _____

City, State, Zip: To: _____

Telephone: To: _____

Email: To: _____

VICE CHAIR INFORMATION

Change:

New Information:

Name: To: _____

Address: To: _____

City, State, Zip: To: _____

Telephone: To: _____

Email: To: _____

SUBCOMMITTEE INFORMATION

Meeting Location: _____ Day(s): _____ Time: _____

Other Officers: _____

Significant Decisions or Issues: _____

New Business: _____

