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# Club Sight & Hearing Chairman

FOR 2011-2012

CLUB NAME

DISTRICT

SIGHT & HEARING CHAIRMAN'S NAME

PHONE(S):

(B) \_\_\_\_\_ (H) \_\_\_\_\_

• ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\*\*\*Our Club has no Sight & Hearing Chairman, but the  Club President or  
& the  Club Secretary or another Club member (name) \_\_\_\_\_

can be reached at the following phone numbers:

(B) \_\_\_\_\_ (H) \_\_\_\_\_

\*\*\*  Our Club is interested in working with other clubs on learning more  
about how our club can be more effective in obtaining information on Sight &  
Hearing Services.

Signed \_\_\_\_\_