



financial life

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OFFICER ELECTION REPORT

PLEASE COMPLETE AND RETURN THIS FORM BY MARCH 1, 2026

(PLEASE TYPE OR PRINT CLEARLY)

Election Date: _____

Impact Team Name and No: _____

City: _____ State: _____ Date Instituted: _____

Meeting Location (name and address): _____

Church (if applicable): _____

Pastor and Diocese (if applicable): _____

Elected Officer Information — Required (If information has changed, please check box)

PRESIDENT (BENEFICIAL)

Name: _____ Home Phone: (____) _____

Address: _____ Cell Phone: (____) _____

☐ Information
Change

City: _____ State: _____ ZIP: _____

Email: _____

SECRETARY

Name: _____ Home Phone: (____) _____

Address: _____ Cell Phone: (____) _____

☐ Information
Change

City: _____ State: _____ ZIP: _____

Email: _____

TREASURER (BENEFICIAL)

Name: _____ Home Phone: (____) _____

Address: _____ Cell Phone: (____) _____

☐ Information
Change

City: _____ State: _____ ZIP: _____

Email: _____

If the President or Treasurer have changed, please provide a new signature card for your checking account.

Appointed Members — Not Required

VICE PRESIDENT

Name: _____ Phone: (____) _____

Address: _____ Email: _____

☐ Information
Change

City: _____ State: _____ ZIP: _____

SOCIAL MEDIA COORDINATOR

Name: _____ Phone: (____) _____

Address: _____ Email: _____

☐ Information
Change

City: _____ State: _____ ZIP: _____

OTHER

TITLE: _____

☐ Information
Change

Name: _____ Phone: (____) _____

Address: _____ Email: _____

City: _____ State: _____ ZIP: _____

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Name: _____ Home Phone: (____) _____

Address: _____ Cell Phone: (____) _____

☐ Information
Change

City: _____ State: _____ ZIP: _____

Email: _____

SECRETARY

Name: _____ Home Phone: (____) _____

Address: _____ Cell Phone: (____) _____

☐ Information
Change

City: _____ State: _____ ZIP: _____

Email: _____

TREASURER (BENEFICIAL)

Name: _____ Home Phone: (____) _____

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Appointed Members — Not Required

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OTHER

TITLE: _____

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