Washington State School Retirees' Association
Coordinating Council Chair

This list is used for statewide mailings: Complete information is requested. Do not assume we already have the information
If you have co-chairs, please indicate by checking the space before the position for that person to receive mail.

Please Circle **Coordinating Council Area NW1 NW2 SW3 SW4 E5/E6 E7 E8**

VERY IMPORTANT --Email addresses *– please be extra careful. This is WSSRA's primary form of communication. A misplaced dot or dash renders it useless.*

Current Chair: _____

NAME *EMAIL ADDRESS* *AREA CODE AND PHONE NO.*

Co-Chair: _____

NAME *EMAIL ADDRESS* *AREA CODE AND PHONE NO.*

Incoming Chair: _____

NAME *EMAIL ADDRESS* *AREA CODE AND PHONE NO.*

Co-Chair: _____

NAME *EMAIL ADDRESS* *AREA CODE AND PHONE NO.*

MEETINGS: This information is made available on the WSSRA website calendar.

Please be sure to list accurate dates, times and locations.

MONTH	DATE	TIME	LOCATION
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			