2021-2022 Washington State School Retirees' Association Unit Officers and Committee Chairs

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

Unit Name	Unit #
Unit Website Address	

VERY IMPORTANT --Email addresses of officers – please be extra careful. This is WSSRA's primary form of communication. A misplaced dot or dash renders it useless. Ask officers to let the WSSRA office know of any changes.

		2021-2022 Unit Board Officers	
Ν	IAME	EMAIL ADDRESS	AREA CODE AND PHONE NO.
PRESIDENT			
CO-PRESIDENT			
VICE-PRESIDENT			
SECRETARY			
CO-SECRETARY			
TREASURER			
CO-TREASURER			
		2021-2022 Committee Chai	rs i i i i i i i i i i i i i i i i i i i
NAME		EMAIL ADDRESS AREA	CODE AND PHONE NO.
,		EMAIL ADDRESS AREA	
(We only need these that	t match W		<u>te who will receive mail if a co-chair.</u>
(We only need these that HEALTH SERVICES	t match W	/SSRA state committees): <u>Please indica</u>	<u>ate who will receive mail if a co-chair.</u>
(<i>We only need these that</i> HEALTH SERVICES CO-CHAIR	t match W	/SSRA state committees): <u>Please indica</u>	<u>ite who will receive mail if a co-chair.</u>
(<i>We only need these that</i> HEALTH SERVICES CO-CHAIR LEGISLATIVE	t match W	/SSRA state committees): <u>Please indica</u>	nte who will receive mail if a co-chair.
(<i>We only need these that</i> HEALTH SERVICES CO-CHAIR LEGISLATIVE CO-CHAIR	t match W	/SSRA state committees): <u>Please indica</u>	nte who will receive mail if a co-chair.
(<i>We only need these that</i> HEALTH SERVICES CO-CHAIR LEGISLATIVE CO-CHAIR	t match W	/SSRA state committees): <u>Please indica</u>	nte who will receive mail if a co-chair.
(We only need these that HEALTH SERVICES CO-CHAIR LEGISLATIVE CO-CHAIR MEMBERSHIP CO-CHAIR	t match W	/SSRA state committees): <u>Please indica</u>	nte who will receive mail if a co-chair.
(We only need these that HEALTH SERVICES CO-CHAIR CO-CHAIR MEMBERSHIP CO-CHAIR RETIREMENT PLANI CO-CHAIR	t match W	/SSRA state committees): <u>Please indica</u>	nte who will receive mail if a co-chair.

MEETINGS: This information is made available on the 2021-2022 WSSRA website calendar. Please be sure to list accurate dates. times and locations.

MONTH	DATE	TYPE	TIME	MEETING LOCATION
JULY		BOARD		
JULY		UNIT		
AUG		BOARD		
AUG		UNIT		
SEPT		BOARD		
SEPT		UNIT		
OCT		BOARD		
OCT		UNIT		
NOV		BOARD		
NOV		UNIT		
DEC		BOARD		
DEC		UNIT		
JAN		BOARD		
JAN		UNIT		
FEB		BOARD		
FEB		UNIT		
MAR		BOARD		
MAR		UNIT		
APR		BOARD		
APR		UNIT		
MAY		BOARD		
MAY		UNIT		
JUNE	<u> </u>	BOARD		
JUNE		UNIT		

Submitted by (name and title)

Date completed: _____