

# MFTHBA AFFILIATE ANNUAL REPORT

Year \_\_\_\_\_

**NAME OF AFFILIATE:** \_\_\_\_\_

*Contact person #1: Please print or type*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

*Contact person #2: Please print or type*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

## ANNUAL ELECTION RESULTS - *Please Print or Type*

*Annual Election Held: (Date) \_\_\_\_\_ Location: \_\_\_\_\_*

<u>Position</u>	<u>Name</u>	<u>MFTHBA Member #</u>
President	_____	_____
Vice President	_____	_____
Secretary	_____	_____
Treasurer	_____	_____
Director	_____	_____
Director	_____	_____
Director	_____	_____
Director	_____	_____

**THIS FORM  
IS DUE IN  
THE  
MFTHBA  
OFFICE BY  
MARCH 1<sup>ST</sup>  
OF EACH  
YEAR**

## MEMBERSHIP LIST (*as of* \_\_\_\_\_ )

Affiliate may attach a typed or computer generated list if desired • **PLEASE PRINT OR TYPE**

<u>Name</u>	<u>MFTHBA Member #</u>	<u>Name</u>	<u>MFTHBA Member #</u>
1. _____	_____	16. _____	_____
2. _____	_____	17. _____	_____
3. _____	_____	18. _____	_____
4. _____	_____	19. _____	_____
5. _____	_____	20. _____	_____
6. _____	_____	21. _____	_____
7. _____	_____	22. _____	_____
8. _____	_____	23. _____	_____
9. _____	_____	24. _____	_____
10. _____	_____	25. _____	_____
11. _____	_____	26. _____	_____
12. _____	_____	27. _____	_____
13. _____	_____	28. _____	_____
14. _____	_____	29. _____	_____
15. _____	_____	30. _____	_____

*If more than 30 members, please use reverse side or attach typed list*

*I certify that the information on this report is accurate.*

*Affiliate President's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_