

POAC State Inspectors for the year of: _____

Name of Club: _____

Please see the POAC Handbook Page 49 & 50 Rule 29-B, 1-A through 2-C for all State Inspector requirements and duties.
Remember that these listed persons must have a current POAC National membership in their name or under a family membership and be in good standing.

Inspectors:

Name:	Phone:	Email:					
Address:	City:	State:	Zip:	Circle:	State	Ntl	Apprentice
Name:	Phone:	Email:					
Address:	City:	State:	Zip:	Circle:	State	Ntl	Apprentice
Name:	Phone:	Email:					
Address:	City:	State:	Zip:	Circle:	State	Ntl	Apprentice
Name:	Phone:	Email:					
Address:	City:	State:	Zip:	Circle:	State	Ntl	Apprentice
Name:	Phone:	Email:					
Address:	City:	State:	Zip:	Circle:	State	Ntl	Apprentice
Name:	Phone:	Email:					
Address:	City:	State:	Zip:	Circle:	State	Ntl	Apprentice
Name:	Phone:	Email:					
Address:	City:	State:	Zip:	Circle:	State	Ntl	Apprentice
Name:	Phone:	Email:					
Address:	City:	State:	Zip:	Circle:	State	Ntl	Apprentice
Name:	Phone:	Email:					
Address:	City:	State:	Zip:	Circle:	State	Ntl	Apprentice

Submitted by: _____

Date: _____

Mail to POAC, Inc., 3828 S. Emerson Ave., Indianapolis, IN 46203 or E-mail to showdept@poac.org

POAC Officers & Directors for the year of: _____

Name of Club: _____

Remember that these listed persons must have a current POAC National membership in their name or under a family membership and be in good standing.

PRESIDENT

Name:	Phone:	Email:	
Address:	City:	State:	Zip:

VICE PRESIDENT

Name:	Phone:	Email:	
Address:	City:	State:	Zip:

SECRETARY

Name:	Phone:	Email:	
Address:	City:	State:	Zip:

TREASURER

Name:	Phone:	Email:	
Address:	City:	State:	Zip:

POINTS SECRETARY

Name:	Phone:	Email:	
Address:	City:	State:	Zip:

DIRECTORS

Name:	Phone:	Email:	
Address:	City:	State:	Zip:

Name:	Phone:	Email:	
Address:	City:	State:	Zip:

Name:	Phone:	Email:	
Address:	City:	State:	Zip:

Name:	Phone:	Email:	
Address:	City:	State:	Zip:

Name:	Phone:	Email:	
Address:	City:	State:	Zip:

Name:	Phone:	Email:	
Address:	City:	State:	Zip:

Submitted by: _____ Date: _____

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