



**DAUGHTERS OF PENELOPE NATIONAL HEADQUARTERS
CHAPTER ELECTION RESULTS YEAR 20____ - 20____**

This is to certify that on the _____ day of _____ 20-____ Chapter No. _____,
District No. _____ in (city/state) _____ elected the following members
in good standing to serve as officers:

PRESIDENT _____ **ID:** _____ **EMAIL:** _____
ADDRESS: _____ **PHONE:** _____

VP: _____ **ID:** _____ **EMAIL:** _____
ADDRESS: _____ **PHONE:** _____

REC. SEC. _____ **ID:** _____ **EMAIL:** _____
ADDRESS: _____ **PHONE:** _____

CORR. SEC. _____ **ID:** _____ **EMAIL:** _____
ADDRESS: _____ **PHONE:** _____

TREASURER _____ **ID:** _____ **EMAIL:** _____
ADDRESS: _____ **PHONE:** _____

MOA ADV. _____ **ID:** _____ **EMAIL:** _____
ADDRESS: _____ **PHONE:** _____

CHAIRMAN _____ **ID:** _____ **EMAIL:** _____
ADDRESS: _____ **PHONE:** _____

PRIESTESS _____ **ID:** _____ **EMAIL:** _____
ADDRESS: _____ **PHONE:** _____

WARDEN _____ **ID:** _____ **EMAIL:** _____
ADDRESS: _____ **PHONE:** _____

MARSHAL _____ **ID:** _____ **EMAIL:** _____
ADDRESS: _____ **PHONE:** _____

Signed: _____

Signed: _____

Chapter President

Chapter Secretary

Please mail this page to DOP HQ at: 1909 Q Street, NW, Suite 500, Washington, DC 20009

Please also mail one copy to your District Secretary, District Governor and Grand Liaison

(names and addresses can be found on our website at www.daughtersofpenelope.org)