

**SIR BRANCH ADMINISTRATIVE
PERSONNEL FOR YEAR**

FOR BRANCH NO

Please read “Form 20a Instructions” before you start. It only takes a minute and it helps all of us if the form is filled out correctly. Immediately after the election of Branch Officers or when you know who these administrators are, even if some positions may not yet be filled, submit this Form 20 to the State Roster Committee Chairman. It is due no later than **August 31**. Submit via Email attachment or US Mail. Send copies to your Area Governor and Regional Director. Report changes only as they occur during the ensuing months. Please make every effort to provide Email addresses, and enter them in CAPITAL letters with out hyperlinks. Email addresses are essential for SIR communications.

**The State Roster Chairman is Dwight Sale, 109 La Mesa Dr, Burlingame CA 94010
His Email is DWIGHT.SALE@COMCAST.NET**

LUNCHEON MEETING INFORMATION		BRANCH EXECUTIVE COMMITTEE MEETING INFORMATION	
		If same as Luncheon then put in same for “Establishment” and put in the correct start time.	
Establishment		Establishment	
Street Address		Street Address	
City		City	
ZIP		ZIP	
Week of Month		Week of Month	
Day of Week		Day of Week	
Lunch Start Time		Mtg. Start Time	
BIG SIR		LITTLE SIR	
First MI Last		First MI Last	
Nickname		Nickname	
Wife		Wife	
Telephone		Telephone	
Address, Street or PO Box		Address, Street or PO Box	
City		City	
ZIP		ZIP	
EMAIL		EMAIL	
Joined Date		Joined Date	
BRANCH SECRETARY		BRANCH TREASURER	
First MI Last		First MI Last	
Nickname		Nickname	
Wife		Wife	
Telephone		Telephone	
Address, Street or PO Box		Address, Street or PO Box	
City		City	
Zip		Zip	
EMAIL		EMAIL	
Joined Date		Joined Date	

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Form 20 Continued

SIR BRANCH PERSONNEL FOR YEAR

FOR BRANCH NO

BULLETIN EDITOR		WEBMASTER	
If Rep from another Branch, list only Name, Branch No. _____, Telephone and Email		If Rep from another Branch, list only Name, Branch No. _____, Telephone, Email and Web URL	
First MI Last		First MI Last	
Nickname		Nickname	
Wife		Wife	
Telephone		Telephone	
Address, Street or PO Box		Address, Street or PO Box	
City		City	
ZIP		ZIP	
EMAIL		EMAIL	
Joined Date		Joined Date	
Bulletin Name		Website URL	

TRAVEL CHAIRMAN		MEMBERSHIP CHAIRMAN	
If Rep from another Branch, list only Name, Branch No.	If Rep from another Branch, list only Name, Branch No. _____, Telephone and Email		
First MI Last		First MI Last	
Nickname		Nickname	
Wife		Wife	
Telephone		Telephone	
Address, Street or PO Box		Address, Street or PO Box	
City		City	
Zip		Zip	
EMAIL		EMAIL	
Joined Date		Joined Date	

Submitted by			
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Date			
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Format mm dd yyyy