

CPF *Canadian Parents for French*

Nova Scotia

Chapter Board of Directors

Year: _____

Chapter Name and Number: _____

President:

Name				
Address				
City	Province	Postal Code	Membership Number	Expiration Date
Home Phone		Work Phone	Fax	
Email				

Vice President:

Name				
Address				
City	Province	Postal Code	Membership Number	Expiration Date
Home Phone		Work Phone	Fax	
Email				

Treasurer:

Name				
Address				
City	Province	Postal Code	Membership Number	Expiration Date
Home Phone		Work Phone	Fax	
Email				

Secretary:

Name				
Address				
City	Province	Postal Code	Membership Number	Expiration Date
Home Phone		Work Phone	Fax	
Email				

Member:

Name			Title	
Address				
City	Province	Postal Code	Membership Number	Expiration Date
Home Phone		Work Phone	Fax	
Email				