WASHINGTON LIBRARY ASSOCIATION
INTEREST GROUP LEADERSHIP REPORT

Name of Interest Group:_____
(please indicate if you use different titles for positions within your group)

Chair:	Name: Mailing Address: Telephone/Fax/E-mail:
Vice-Chair:	Name: Mailing Address: Telephone/Fax/E-mail:
Secretary:	Name: Mailing Address: Telephone/Fax/E-mail
Treasurer:	Name: Mailing Address: Telephone/Fax/E-mail
Newsletter Editor (if app.)	Name: Mailing Address: Telephone/Fax/E-mail

List same information for any additional officers on the back of this form

Signatures of officers authorized to sign vouchers:

#1 (print name, then sign & date)_____

#2(print name, then sign & date)_____

To whom should WLA correspondence be sent?
To whom should IG membership list be sent?
Will you publish a newsletter? Yes No
Please circulate for needed signatures and mail with Newsletter Funding Request to:
Gail Willis, Association Coordinator. WLA, 4016 - 1st Avenue NE, Seattle, WA 98105-6502