CHARTERED CLUB/ORGANIZATION (CCO)
CDP ROSTER SUBMISSION FORM

ORG NAME:
Please fill out completely. Type or print.

Chartering Authority Name: __________________________________________

Physical Address _______________________________________________________

City __________________________ County ______________________ Zip __________

Mailing Address (if different) __________________________________________

City __________________________ County ______________________ Zip __________

Phone-Day (___)________ Fax (___)__________ Twitter: ____________________

Website __________________________ E-mail __________________________@________

Key Contact

Name _________________________________________ Title ____________________

Phone-Day (___)_________________ Mobile (___)_________________ Email __________@__________________

ALL ITEMS BELOW MUST BE SUBMITTED BY JULY 15, 2017

All items must be submitted to both your Chartering Authority and the appropriate Regional Director(s). Failure to do so will result in the loss of representation at the 2018 CDP Pre-Endorsing Conferences. All items below must be checked off for the submission to be complete.

☐ Completed “CDP Roster Submission Form”

☐ Submitted roster of members who were “in good standing” as of July 1, 2017. Roster should be completed using the CDP Template and must contain at least the following information: First Name, Last Name, Middle Name or initial, Registered Address (including city and zip), and Assembly District.

☐ Submitted proof that member “in good standing” has been defined in the CCOs rules and/or bylaws. The language can be found in the following section: ____________________________________________________________

Please attach the most current version of the bylaws or rules with your submission.

By signing this form, I acknowledge the organization that I am representing was chartered by July 1, 2017 and the enclosed roster contains only those members who were “in good standing,” as of July 1, 2017.

Signature: ___________________________ Date: ________________

*Form must be completed by the Chair, Treasurer or Secretary of the CCO.

Print Name: ____________________________ Title*: __________________________

PLEASE RETURN TO BOTH YOUR CHARTERING AUTHORITY AND REGIONAL DIRECTOR(S)
PLEASE USE CDP’S ROSTER SUBMISSION FORM EXCEL TEMPLATE TO SUBMIT YOUR ROSTER