**VETERANS OF FOREIGN WARS
Motorcycle Group of Texas -- Unit** **00 - 00000**

**Address:** **Phone:
Email:**

 **Meeting Location and Time**

**Location:
Address:
Phone:
Meeting Info:**  **of the month @** **00:00**

 **20****- 20****Unit** **Officers**

**Chairman:** **First "Road" Last Name -- Post** **--** **Location City**

 **Phone:       Email:**

**Co-Chairman: First "Road" Last Name -- Post       -- Location City**

 **Phone:       Email:**

**Treasurer: First "Road" Last Name -- Post       -- Location City**

 **Phone:       Email:**

**Secretary: First "Road" Last Name -- Post       -- Location City**

 **Phone:       Email:**

**Chaplain: First "Road" Last Name -- Post       -- Location City**

**Sgt of Arms: First "Road" Last Name -- Post       -- Location City**

**Safety Officer: First "Road" Last Name -- Post       -- Location City**

**Public Relations: First "Road" Last Name -- Post       -- Location City**

**Road Captain: First "Road" Last Name -- Post       -- Location City**

**Road Captain: First "Road" Last Name -- Post       -- Location City**

**Road Captain: First "Road" Last Name -- Post       -- Location City**

**Road Captain: First "Road" Last Name -- Post       -- Location City**

**Council Members:**

**First "Road" Last Name -- Post       -- Location City**

**First "Road" Last Name -- Post       -- Location City**

**Last Edited:** **/    /**