NATIONAL ORDER OF TRENCH RATS
OFFICERS REPORT
(Please type or print. All spaces must be filled in.)

DATE | DATE OF ANNUAL ELECTION | DATE OF INSTALLATION

SECTOR/DUGOUT NAME | DUGOUT #

LOCATION: CITY, STATE, ZIP CODE

ADDRESS OF REGULAR MEETING | TELEPHONE NUMBER ( )

TIME, DAY, AND WEEK OF MONTH OF REGULAR MEETINGS

OFFICERS ELECTED FOR YEAR BEGINNING | ENDING

GOLDEN RODENT NAME:

MAILING ADDRESS: STREET NAME & NUMBER OR P.O.BOX

CITY, STATE, ZIP CODE

NOTR MEMBERSHIP #

TELEPHONE NUMBER ( )

SILVER RODENT NAME

MAILING ADDRESS: STREET NAME& NUMBER OR P.O.BOX

CITY, STATE, ZIP CODE

NOTR MEMBERSHIP #

TELEPHONE NUMBER ( )

BLUE RODENT NAME:

MAILING ADDRESS: STREET NAME & NUMBER OR P.O.BOX

CITY, STATE, ZIP CODE

NOTR MEMBERSHIP #

TELEPHONE NUMBER ( )

RED EYED GNAWER NAME

MAILING ADDRESS: STREET NAME& NUMBER OR P.O.BOX

CITY, STATE, ZIP CODE

NOTR MEMBERSHIP #

TELEPHONE NUMBER ( )

ONLY REG WILL RECEIVE MAIL:
A new Officers Report is due within (10) days after installation of officers or any changes of officers listed this report! Failure to comply may cause suspension or revocation of dugout charter! DO NOT LEAVE BLANK BOXES!!! Report must be Signed by both Golden Rodent & REG. Send to proper office.

THE PRECEEDING NAMES & POSITIONS ARE CERTIFIED. I HAVE VERIFIED MEMBERSHIP CARDS & ALL OFFICERS ARE IN GOOD STANDING.

_____GOLDEN RODENT

_____REG

FORM MUST BE CERTIFIED BY THE NEW GOLDEN RODENT AND REG.

Copy To:
IMPERIAL HEADQUARTERS
P.O.BOX 500208
MALABAR, FL 32950

Revised 1/28/25

SECTOR | DUGOUT