SDC CHAPTER OFFICER INSURANCE FORM

To request and obtain liability insurance coverage for your Chapter's officers and appointed positions, print and fill out this form completely, make a copy for your records, then send this form to the Studebaker Drivers Club, Inc. as indicated at the bottom.

Chapter Name:	

Title	**Name**	**E-mail Address** *(if person has one)*	**SDC member #**
President			
Vice Pres			
Secretary			
Treasurer			
Membership			
Tourmaster			
Editor			
Webmaster			

Submitted by (name):		Date:		Telephone #:	

After filling out this form, be sure to make a copy for your chapter records then mail to:

Brian Millette, SDC Treasurer
3434 West Anthem Way
Ste. 118 PMB 267
Anthem, AZ 85086