

WSRA Honor Council Program
Form 5-a



Section A, Number 5

Provide a liaison for WSRA Legislative Committee and a liaison for WSRA Membership Committee by June 1.

COUNCIL _____

LEGISLATIVE LIAISON

(Purpose: receive information and disseminate to local council; provide leadership at local level; attend and receive training at WSRA Leadership meetings.)

Name _____

Address _____

City/State/Zip _____

Phone number _____

E-mail _____

MEMBERSHIP LIAISON

(Purpose: promote membership in IRA, WSRA, and local council; provide leadership at local level; attend and receive training at WSRA Leadership meetings.)

Name _____

Address _____

City/State/Zip _____

Phone number _____

E-mail _____

Make a copy of this form and send or email it to:

IRA State Coordinator

Norm Andrews

6964 N Lincolnshire Cir

Milwaukee, WI 53223

Phone: 414-801-5548

E-mail: mister4a@sbcglobal.net

Send copy to IRA State Coordinator

DEADLINE: June 1

Send a copy to your Zone Coordinator

DEADLINE: March 1