

# New Agenda 2030 Rollback Committee Formation Report

The John Birch Society ♦ 770 N. Westhill Blvd., Appleton, WI 54914

## Instructions:

Send this form to the JBS Headquarters and a copy to your local Coordinator. Include names of all committee members with their zip code & emails.

## Note:

A committee, with a minimum of 8 members, may be initiated by a JBS Member, Chapter Leader, Section Leader or Coordinator. A new committee must also have a designated Vice-Chairman and Treasurer/Secretary assigned, and must be approved by the Coordinator. Please complete where appropriate.

### \*Mandatory

\*Chairman \_\_\_\_\_ Email \_\_\_\_\_

\*Vice-Chairman \_\_\_\_\_ Email \_\_\_\_\_

\*Secretary/Treasurer \_\_\_\_\_ Email \_\_\_\_\_

### \*\*Optional

\*\*Program Chairman \_\_\_\_\_ Email \_\_\_\_\_

\*\*Publicity Chairman \_\_\_\_\_ Email \_\_\_\_\_

\*\*Membership Chairman \_\_\_\_\_ Email \_\_\_\_\_

Date, time, and place of first meeting \_\_\_\_\_

\*Coordinator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

---

Name, Zip Code, & Email of addtl. Committee	JBS Member?	Position OR Task (if any)
_____	<u>Y</u> <u>N</u> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____