POAC State Inspectors for the year of:_____

Name of Club: _____

Please see the POAC Handbook Page 49 & 50 Rule 29-B, 1-a through 2-c for all State inspector requirements and duties.

Inspectors:

Name	Address	City	State	Zip	Phone	E-mail

SUBMITTED BY: _____ **Date:**_____

Mail to: POAC, Inc.
3828 S. Emerson Ave. Indianapolis, IN 46203

****Please remember that they must be current POAC National members in good standing or covered under a family membership.**