

# CHAPTER OFFICER SLATE FORM

CHAPTER NAME \_\_\_\_\_ CHAPTER # \_\_\_\_\_ REGION \_\_\_\_\_

TERM OF OFFICE: BEGINS \_\_\_\_\_ ENDS \_\_\_\_\_  
(MONTH/DAY/YEAR) (MONTH/DAY/YEAR)

**CHAPTER CONTACT INFORMATION IF OTHER THAN PRESIDENT/FACULTY ADVISOR**  
**INFORMATION:**

(PO BOX, PHONE/FAX, EMAIL ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHAPTER HOME PAGE ADDRESS (IF APPLICABLE) \_\_\_\_\_

OFFICE OF: **PRESIDENT (PROFESSIONAL CHAPTER) OR**  
**FACULTY ADVISOR (STUDENTCHAPTER)**

NAME \_\_\_\_\_ PREFERRED CONTACT \_\_HOME\_\_ WORK  
HOME ADDRESS WORK ADDRESS

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX \_\_\_\_\_  
MEMBERSHIP NUMBER \_\_\_\_\_ CHECK HERE IF THIS INFO HAS CHANGED \_\_

OFFICE OF: **STUDENT PRESIDENT (IF APPLICABLE)**

NAME \_\_\_\_\_ PREFERRED CONTACT \_\_HOME\_\_ WORK  
HOME ADDRESS WORK ADDRESS

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX \_\_\_\_\_  
MEMBERSHIP NUMBER \_\_\_\_\_ CHECK HERE IF THIS INFO HAS CHANGED \_\_

OFFICE OF: **VICE PRESIDENT**

NAME \_\_\_\_\_ PREFERRED CONTACT \_\_HOME\_\_ WORK  
HOME ADDRESS \_\_\_\_\_ WORK ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX \_\_\_\_\_  
MEMBERSHIP NUMBER \_\_\_\_\_ CHECK HERE IF THIS INFO HAS CHANGED\_\_

OFFICE OF: **SECRETARY**

NAME \_\_\_\_\_ PREFERRED CONTACT \_\_HOME\_\_ WORK  
HOME ADDRESS \_\_\_\_\_ WORK ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX \_\_\_\_\_  
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OFFICE OF: **TREASURER**

NAME \_\_\_\_\_ PREFERRED CONTACT \_\_HOME\_\_ WORK  
HOME ADDRESS \_\_\_\_\_ WORK ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX \_\_\_\_\_  
MEMBERSHIP NUMBER \_\_\_\_\_ CHECK HERE IF THIS INFO HAS CHANGED\_\_

OFFICE OF: **HQ COMMUNICATIONS OFFICER (IF OTHER THAN PRES OR FACADV)**

NAME \_\_\_\_\_ PREFERRED CONTACT \_\_HOME\_\_ WORK  
HOME ADDRESS \_\_\_\_\_ WORK ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX \_\_\_\_\_  
MEMBERSHIP NUMBER \_\_\_\_\_ CHECK HERE IF THIS INFO HAS CHANGED\_\_

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OFFICE OF: **RECIPIENT OF CHAPTER DUES CHECK**

NAME \_\_\_\_\_ PREFERRED CONTACT \_\_HOME\_\_WORK  
HOME ADDRESS \_\_\_\_\_ WORK ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX \_\_\_\_\_  
MEMBERSHIP NUMBER \_\_\_\_\_ CHECK HERE IF THIS INFO HAS CHANGED \_\_

OFFICE OF: **RECIPIENT OF FTP ACCESS FOR MEMBER DATABASE**

NAME \_\_\_\_\_ PREFERRED CONTACT \_\_HOME\_\_WORK  
HOME ADDRESS \_\_\_\_\_ WORK ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX \_\_\_\_\_  
MEMBERSHIP NUMBER \_\_\_\_\_ CHECK HERE IF THIS INFO HAS CHANGED \_\_

OFFICE OF: **RECIPIENT OF ROSTER (ALTERNATE)**

NAME \_\_\_\_\_ PREFERRED CONTACT \_\_HOME\_\_WORK  
HOME ADDRESS \_\_\_\_\_ WORK ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX \_\_\_\_\_  
MEMBERSHIP NUMBER \_\_\_\_\_ CHECK HERE IF THIS INFO HAS CHANGED \_\_

OFFICE OF: **MEMBERSHIP DIRECTOR**

NAME \_\_\_\_\_ PREFERRED CONTACT \_\_HOME\_\_WORK  
HOME ADDRESS \_\_\_\_\_ WORK ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX \_\_\_\_\_

MEMBERSHIP NUMBER \_\_\_\_\_ CHECK HERE IF THIS INFO HAS CHANGED \_\_\_

OFFICE OF: **NEWSLETTER EDITOR**

NAME \_\_\_\_\_ PREFERRED CONTACT \_\_HOME\_\_ WORK  
HOME ADDRESS WORK ADDRESS

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX \_\_\_\_\_

MEMBERSHIP NUMBER \_\_\_\_\_ CHECK HERE IF THIS INFO HAS CHANGED \_\_\_

OFFICE OF: **WEBMASTER (IF APPLICABLE)**

NAME \_\_\_\_\_ PREFERRED CONTACT \_\_HOME\_\_ WORK  
HOME ADDRESS WORK ADDRESS

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX \_\_\_\_\_

MEMBERSHIP NUMBER \_\_\_\_\_ CHECK HERE IF THIS INFO HAS CHANGED \_\_\_

OFFICE OF:

NAME \_\_\_\_\_ PREFERRED CONTACT \_\_HOME\_\_ WORK  
HOME ADDRESS WORK ADDRESS

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX \_\_\_\_\_

MEMBERSHIP NUMBER \_\_\_\_\_ CHECK HERE IF THIS INFO HAS CHANGED \_\_\_

OFFICE OF:

NAME \_\_\_\_\_ PREFERRED CONTACT \_\_HOME\_\_ WORK  
HOME ADDRESS WORK ADDRESS

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX \_\_\_\_\_

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