



FORM FOR REPORTING 2012-2014 CHAPTER OFFICERS

State Organization Copy

Please complete the form and mail or fax *no later than May 15* to your state organization or another designated person, unless another form has been provided to you by your state organization president. The form may also be downloaded as an interactive form from the Society website and forwarded as an email attachment.

Person Completing Form: _____ Chapter Name: _____ State Name: _____

	NAME	MEMBER I.D.#	MAILING ADDRESS	PREFERRED TELEPHONE (include area code)	FAX	E-MAIL
President						
Treasurer						
First Vice-President						
Second Vice-President						
Recording Secretary						
Corresponding Secretary						
Parliamentarian						

Thank You!