

CHAPTER OFFICERS' LIST



Chapter Name: _____ **Chapter #** _____

Term of Office: _____

PRESIDENT _____

Street Address _____

City _____ State/Prov _____ Zip/Postal Code _____

Day Phone _____ Home Phone _____

Cell Phone _____ Email _____

PRESIDENT ELECT _____

Street Address _____

City _____ State/Prov _____ Zip/Postal Code _____

Day Phone _____ Home Phone _____

Cell Phone _____ Email _____

VICE PRESIDENT _____

Street Address _____

City _____ State/Prov _____ Zip/Postal Code _____

Day Phone _____ Home Phone _____

Cell Phone _____ Email _____

TREASURER _____

Street Address _____

City _____ State/Prov _____ Zip/Postal Code _____

Day Phone _____ Home Phone _____

Cell Phone _____ Email _____

SECRETARY _____

Street Address _____

City _____ State/Prov _____ Zip/Postal Code _____

Day Phone _____ Home Phone _____

Cell Phone _____ Email _____

MEMBERSHIP CHAIR _____

Street Address _____

City _____ State/Prov _____ Zip/Postal Code _____

Day Phone _____ Home Phone _____

Cell Phone _____ Email _____

NEWSLETTER EDITOR _____

Street Address _____

City _____ State/Prov _____ Zip/Postal Code _____

Day Phone _____ Home Phone _____

Cell Phone _____ Email _____

**FACULTY ADVISOR
(Student Chapters Only)** _____

Street Address _____

City _____ State/Prov _____ Zip/Postal Code _____

Day Phone _____ Home Phone _____

Cell Phone _____ Email _____

Complete and submit this form to your CEC state/provincial unit. Be sure to report your new officers each year.