

Chapter Officers Update Form

The information you provide is crucial for the accuracy and integrity of the College's central database. Please submit this form following any changes to the leadership of the Chapter to Natalie Bell, Program Coordinator, Chapter Services, at nbell@facs.org.

Chapter Name:

Current Staff and Officer Data:

1. Executive Director/Administrator

Name: _____

Address: _____

Phone: _____

Email Address: _____

2. President

Name: _____

Email Address: _____

Term of Office: _____
(Month/Year to Month/Year)

3. President-Elect

Name: _____

Email Address: _____

Term of Office: _____
(Month/Year to Month/Year)

4. Secretary

Name: _____

Email Address: _____

Term of Office: _____
(Month/Year to Month/Year)

The Secretary and Treasurer positions are combined.

5. Treasurer

Name: _____

Email Address: _____

Term of Office: _____
(Month/Year to Month/Year)

6. Resident Representative

Name: _____

Email Address: _____

Term of Office: _____
(Month/Year to Month/Year)

7. Young Fellow Representative

Name: _____

Email Address: _____

Term of Office: _____
(Month/Year to Month/Year)

Next Chapter Annual Meeting:

Date(s) of Program: _____

Name of Venue: _____

City/State/Zip: _____

Contact Person: _____

Phone: _____

Email Address: _____