

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 within 10-days following your annual meeting to Laura Mazur, Program Coordinator, Chapter Services, at lmazur@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: _____