



Chapter Officer Update

16033 E. San Bernardino Road • Covina, CA 91722-3900 • 626/ 814-4441 • 626/ 814-4640

Chapter Name _____

Date Submitted _____

President: (2 year term) Beginning Date _____ **Ending Date** _____

Name: _____ Member ID #: _____

Street Address: _____ City: _____ Zip: _____

Home Tel No.: _____ Work Tel No.: _____

E-mail: _____ Fax No.: _____

Home Work

Vice-President

Name: _____ Member ID #: _____

Street Address: _____ City: _____ Zip: _____

Home Tel No.: _____ Work Tel No.: _____

E-mail: _____ Fax No.: _____

Home Work

Treasurer

Name: _____ Member ID #: _____

Street Address: _____ City: _____ Zip: _____

Home Tel No.: _____ Work Tel No.: _____

E-mail: _____ Fax No.: _____

Home Work

Secretary

Name: _____ Member ID #: _____

Street Address: _____ City: _____ Zip: _____

Home Tel No.: _____ Work Tel No.: _____

E-mail: _____ Fax No.: _____

Home Work

Other _____

Name: _____ Member ID #: _____

Street Address: _____ City: _____ Zip: _____

Home Tel No.: _____ Work Tel No.: _____

E-mail: _____ Fax No.: _____

Home Work

Other _____

Name: _____ Member ID #: _____

Street Address: _____ City: _____ Zip: _____

Home Tel No.: _____ Work Tel No.: _____

E-mail: _____ Fax No.: _____

Home Work

Prepared by: _____ **Date:** _____