



Section 1. Chapter Information Form

Chapter Name: _____ **Area:** _____

Chapter Officer:

Chapter Coordinator _____
Email _____ Phone _____

Assistant Chapter Coordinator _____
Email _____ Phone _____

Chapter Treasurer _____
Email _____ Phone _____

Chapter Secretary _____
Email _____ Phone _____

Chapter Products Coordinator _____
Email _____ Phone _____

Chapter Secretary _____
Email _____ Phone _____

Chapter Legislative Coordinator _____
Email _____ Phone _____

Chapter Sergeant at Arms _____
Email _____ Phone _____

Chapter Chaplain _____
Email _____ Phone _____

Chapter Information:

Chapter Bank (if applicable) _____

Chapter EIN# (if applicable) _____

Signatures allowed on checking: _____

Chapter Mailing Address _____

Chapter Meeting Location _____

When _____

Website: _____ Facebook _____

Date Updated: _____ By: _____