

Chapter Information for School Year

Chapter Name _____

Mailing Address _____
PO Box or Street City State Zip

Chapter Email _____ Web Site URL _____

Instructions

The Board of Directors includes the officers (President, Vice-President, Secretary and Treasurer) and any additional Board members. Please select one person who is a current officer/leader (or perhaps two) to be the primary contact for your chapter. Also, indicate one individual as the Long-Term Contact who is a member or "friend" of the PAGE chapter who will maintain communication over a long-term period. The Long-Term Contact does not have to be a current member of the Board of Directors; if not, indicate "not a board member" for *Position* for this person.

The information given for Primary Contact(s) will be used in the NCAAGT Affiliates PAGE Chapter Directory. Individuals who wish to communicate with the Chapter will probably do so by contacting one or more of these people. The Affiliates Coordinator, members of the NCAAGT or other PAGE chapters may refer inquiries to the primary contact.

Except for the Chapter mailing address and the information for the primary contact(s) (name, address, home phone, email), the information on this form will be safeguarded and regarded as confidential.

Please mail completed form to NCAAGT, Attn: PAGE, P. O. Box 899, Swansboro, NC 28584-0899.

Officers and Board of Directors

Name _____ Member NCAAGT Yes No
Address _____
PO Box or Street City State Zip
Telephone - H _____ W _____ Fax _____
Email _____
Position _____ Primary Contact Yes No Long-Term Contact Yes No

Name _____ Member NCAAGT Yes No
Address _____
PO Box or Street City State Zip
Telephone - H _____ W _____ Fax _____
Email _____
Position _____ Primary Contact Yes No Long-Term Contact Yes No

Name _____ Member NCAAGT Yes No
Address _____
PO Box or Street City State Zip
Telephone - H _____ W _____ Fax _____
Email _____
Position _____ Primary Contact Yes No Long-Term Contact Yes No

Name _____ Member NCAAGT Yes No
Address _____
PO Box or Street City State Zip
Telephone - H _____ W _____ Fax _____
Email _____
Position _____ Primary Contact Yes No Long-Term Contact Yes No

Name _____ Member NCAAGT Yes No
Address _____
PO Box or Street City State Zip
Telephone - H _____ W _____ Fax _____
Email _____
Position _____ Primary Contact Yes No Long-Term Contact Yes No

