Chapter Contact and Leadership Forms Packet   
2017-2018

The information in this packet is crucial for effective communication with your Chapter in the coming year. The AFWA National database and website will be updated with the information provided on these forms.

**All forms are due to AFWA Headquarters by May 31, 2017.**

**Please submit forms to** [**chapters@afwa.org**](mailto:chapters@afwa.org) **or by fax to 859-219-3532**

*Failure to meet this deadline may result in consequences as outlined in the 2017 Chapter Compliance document.*

|  |
| --- |
| Chapter Name: |

**CHAPTER CONTACT INFORMATION** *(if applicable)*:

|  |  |
| --- | --- |
| Chapter Mailing Address:  Street/PO Box  City/State  Zip | |
| Chapter Website: | Chapter Email: |
| Facebook: | Twitter: @ |
| Other: | |

**To comply with AFWA minimum standards, all Chapters are required to name a President and Treasurer.**

**CHAPTER PRESIDENT**

|  |  |
| --- | --- |
| Name: | |
| Phone: | Email: |

**TREASURER**

|  |  |
| --- | --- |
| Name: | |
| Phone: | Email: |

’17-’18 Chapter Contact Packet / Slate of Officers and Directors

|  |
| --- |
| Chapter Name: |

The following positions are recommended by AFWA National to successfully run your Chapter for the upcoming year. **All positions are not required, and additional positions may be provided.**

**PRESIDENT-ELECT** *(For the ’17-’18 year, to be President in ’18-’19)*

|  |  |
| --- | --- |
| Name: | |
| Phone: | Email: |

**VICE PRESIDENT**

|  |  |
| --- | --- |
| Name: | |
| Phone: | Email: |

**SECRETARY**

|  |  |
| --- | --- |
| Name: | |
| Phone: | Email: |

**IMMEDIATE PAST PRESIDENT**

|  |  |
| --- | --- |
| Name: | |
| Phone: | Email: |

**MEMBERSHIP COMMITTEE CHAIR**

|  |  |
| --- | --- |
| Name: | |
| Phone: | Email: |

**PROGRAMMING COMMITTEE CHAIR**

|  |  |
| --- | --- |
| Name: | |
| Phone: | Email: |

**CPE ADMINISTRATOR**

|  |  |
| --- | --- |
| Name: | |
| Phone: | Email: |

**SCHOLARSHIP COMMITTEE CHAIR**

|  |  |
| --- | --- |
| Name: | |
| Phone: | Email: |

**COMMUNICATIONS COMMITTEE CHAIR**

|  |  |
| --- | --- |
| Name: | |
| Phone: | Email: |

**OTHER VOLUNTEER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Name: | |
| Phone: | Email: |

**OTHER VOLUNTEER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Name: | |
| Phone: | Email: |

More volunteers may be provided on additional pages. Thanks.