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| |  |  | | --- | --- | |  | **MISSISSIPPI STATE ORGANIZATION** |   **FORM for REPORTING 20\_\_-20\_\_ CHAPTER OFFICERS**  **State Organization Copy**  Complete this form and mail or attach **no later than April 15** to 20\_\_-20\_\_ State Executive Secretary  Chapter Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_-20\_\_ Chapter President\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Office | Name | Phone Number | Mailing Address | City | State | Zip Code | Email Address |
| President |  |  |  |  |  |  |  |
| First Vice President[[1]](#footnote-1) |  |  |  |  |  |  |  |
| Treasurer |  |  |  |  |  |  |  |
| Membership Comm. Chair[[2]](#footnote-2) |  |  |  |  |  |  |  |
| Second Vice  President |  |  |  |  |  |  |  |
| Recording Secretary |  |  |  |  |  |  |  |
| Corresponding Secretary (Optional) |  |  |  |  |  |  |  |
| Parliamentarian |  |  |  |  |  |  |  |

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1. If someone other than your First Vice President serves as Program Committee Chair, please make note of that fact on this sheet. [↑](#footnote-ref-1)
2. If your Second Vice President serves as your Membership Committee Chair, please make note of that fact on this sheet.

   Revised 2019 [↑](#footnote-ref-2)