

NABJ Professional Affiliate Chapter Officers

The President and Vice President (s) must be FULL members of NABJ. The remaining officers MUST be NABJ members.

Name of Chapter _____

Address _____

Phone _____ **Fax** _____

E-mail address _____

Web site address _____

1) President's Name _____

Address _____

Phone _____ Fax _____

E-mail address _____

NABJ Membership ID# _____

2) Vice President's Name (Print) _____

Address _____

Phone _____ Fax _____

E-mail address _____

NABJ Membership ID# _____

3) Vice President's Name (Broadcast) _____

Address _____

Phone _____ Fax _____

E-mail address _____

NABJ Membership ID# _____

NABJ Professional Affiliate Chapter Officers (cont)

4) Treasurer's Name _____
Address _____
Phone _____ Fax _____
E-mail address _____
NABJ Membership ID# _____

5) Secretary's Name _____
Address _____
Phone _____ Fax _____
E-mail address _____
NABJ Membership ID# _____

6) Parliamentarian's Name _____
Address _____
Phone _____ Fax _____
E-mail address _____
NABJ Membership ID#: _____

7) Other officers

8) Please list the names of officers with counter-signature authority for all bank checks, funds distribution, purchases, etc.

Name _____	Name _____
Title _____	Title _____
Date _____	Date _____