

CHAPTER INFORMATION SHEET-2016

Chapter NC- _____

Please print legibly

Chapter Director: _____

Address: _____

City – State – Zip: _____

Phone #: _____ Email: _____

Assistant Chapter Director: _____

Address: _____

City – State – Zip: _____

Phone #: _____ Email: _____

Chapter Educator: _____

Address: _____

City – State – Zip: _____

Phone #: _____ Email: _____

Chapter Treasurer (New ____ Old ____ Vacant ____)

Name: _____

Address: _____

City – State – Zip: _____

Phone #: _____ Email: _____

Chapter MEC (New ____ Old ____ Vacant ____)

Name: _____

Address: _____

City – State – Zip: _____

Phone #: _____ Email: _____

Please complete and return to: Roy Bryant
52 Tobacco Rd.
Rocky Mount, NC 27801
252-883-8738