



CHAPTER LEADERSHIP FORM
FALL 2017

Please return this form by Friday, September 8, 2017 at 12pm via email (bazine@newpaltz.edu) or drop it off at the Office of Student Activities & Union Services (SU 211). Thanks!

Organization: _____

Compiled by: _____ Date: _____

Fall 2017 Chapter Positions

Please include any/all e-board and chair positions; this document is used when verifying a student's Co-Curricular Transcript experiences. Please attach additional pages if necessary.

Table with 2 columns: NAME, POSITION/TITLE. Multiple rows for listing members.

Chapter Website: _____

National/Regional Website: _____

National/Regional Representative/Contact for your Chapter (NOTE: this is NOT your Faculty Advisor):

Name: _____ Title: _____

Email: _____ Phone: _____

Does your Chapter have an Alumni Board/Council/Advisor? YES NO

If yes, who is the Board President?: _____

Phone Number: _____ Email: _____