



CHAPTER LEADERSHIP FORM SPRING 2017

Please return this form by Friday, February 3, 2017 at 12pm via email (bazinete@newpaltz.edu) or drop it off at the Office of Student Activities & Union Services (SU 211). Thanks!

Organization: _____

Compiled by: _____ Date: _____

Spring 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.*

NAME	POSITION/TITLE

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: _____