

RETURN WITH CORRECTIONS to Fax: (815)361-9166 or FNPS or

Mail: PO Box 278, Melbourne FL 32902-0278

Chapter Information Form

1/1/2010

Please verify the following information used to prepare and distribute monthly and quarterly reports, identify your chapter in The Palmetto, and provide information to the public. Thanks!

Official Chapter Name

If chapter is incorporated, this is registered name or fictitious name. Otherwise your chapter's official name is probably documented in your by-laws.

Official Chapter Address *Not a member's address, but a PO Box or similar. Not required.*

Address

Chapter

Phone #

Email

Website

Web space available free to chapters – contact Communications Committee Chair for more info.

Chapter Officers *(must be members! - see membership status after ID#)*

President _____ ID

Vice President _____ ID

Treasurer _____ ID

Secretary _____ ID

Chapter Rep. _____ ID

Membership Manager ID

This is the person who receives monthly and quarterly reports on your chapter membership. Mail is automatically sent to the address recorded for this person in FNPS membership

PUBLIC CONTACT ID 165 Renewed

This person's phone number & email are provided on FNPS website and in Palmetto and other publications as your chapter's primary point of contact. Usually the Chapter Rep unless you designate otherwise.

Library Address *Address to which chapter's copy of The Palmetto should be sent.*

(Default: official chapter address or chapter director)

<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>

Range *Geographic area served by your chapter (usually expressed as county names or portions thereof)*

<input type="text"/>

Meeting place, day and time of month , and directions

<input type="text"/>

Additional Info *Note if incorporated, 501c3, whatever we should be aware of - thanks!*

<input type="text"/>
