

## Chapter Representation and Officer Contact Update Form

### Instructions:

Please complete the form below and fax or email it to the membership department. This information must be submitted to headquarters each time a new officer or representative is elected or appointed. In lieu of this form, the below information may be put in an email to the membership department.

Address: Please show **the address** where the officers want their mail sent.  
 Telephone: Please show the office (**daytime**) telephone number for the officer.  
 FAX: Please show the office (**daytime**) FAX number for the officer.  
 Email: Please show **Email** where the officers want their mail sent.  
 Other: There are four spaces for additional positions you would like to share with Headquarters.

**To:** **APCO Membership Department**  
**Fax: (386) 322-2501**

**Date:** \_\_\_\_\_  
**Email:** [membership@apcointl.org](mailto:membership@apcointl.org)

**From:** \_\_\_\_\_

**Chapter** \_\_\_\_\_

**Date of Election**

**Officers will serve from (month - year)**

**to (month - year)**

Each month the membership department emails chapter membership reports to one chapter officer. Please indicate which officer is to receive these reports.

### President:

Name \_\_\_\_\_ Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Amateur Call Sign \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Secretary:

Name \_\_\_\_\_ Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Amateur Call Sign \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Executive Council Representative

Name \_\_\_\_\_ Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Amateur Call Sign \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Treasurer (if different than Secretary):

Name \_\_\_\_\_ Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Amateur Call Sign \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Chapter: \_\_\_\_\_

**CCAM:**

Name

Organization

Mailing Address

City

State

Zip

Amateur Call Sign

E-mail

Phone

Fax

**President Elect:**

Name

Organization

Mailing Address

City

State

Zip

Amateur Call Sign

E-mail

Phone

Fax

**1st Vice President:**

Name

Organization

Mailing Address

City

State

Zip

Amateur Call Sign

E-mail

Phone

Fax

**2nd Vice President:**

Name

Organization

Mailing Address

City

State

Zip

Amateur Call Sign

E-mail

Phone

Fax

**Other:**

Name

Organization

Mailing Address

City

State

Zip

Amateur Call Sign

E-mail

Phone

Fax

**Other:**

Name

Organization

Mailing Address

City

State

Zip

Amateur Call Sign

E-mail

Phone

Fax