



# APCO International

Association of Public-Safety Communications Officials, Inc.

## 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** **Date:** \_\_\_\_\_  
**Fax: (386) 322-2501** **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	



