



Chapter Information Form Deadline: June 30

Chapter: _____

Chapter Address: _____

City: _____ Zip: _____

Meeting Place: _____ Meeting Cost: _____

Meeting Day(s): _____ Meeting Time: _____

Chapter Email Address: _____

Person that receives email registrations: _____

Web-site Content Contact Person: _____

Newsletter Contact Person: _____

New Member Contact Person: _____

Student Member Contact Person: _____

Program –CPE Contact: _____

Special Events held by your chapter: (Please add any additional information that is unique to your chapter)

Please include a copy of your meeting schedule to post on your chapter web site.

Please fax completed form to Jennifer Poff by June 30.

FAX: 404-237-1291