

# Report of Changes in Chapter Leadership

Chapter Name: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

**Individual to whom rebate check should be mailed:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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**President's Name:** \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**Co-President's Name:** \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**Vice President's Name:** \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**Secretary's Name:** \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**Treasurer's Name:** \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**Membership Officer's Name:** \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**Leg. Representative's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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**Apprenticeship Coordinator's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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**Grievance Officer's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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**Please fill out below where appropriate – use additional sheets of paper if necessary**

**Trustees (list classification):**

Name:	Classification:	Work Location:	Work Phone:	Home Phone:

**Building Rep (list classification):**

Name:	Classification:	Work Location:	Work Phone:	Home Phone:

**Classification Rep (list classification):**

Name:	Classification:	Work Location:	Work Phone:	Home Phone: