



2010 Local Affiliate Officers

Affiliate Name _____ Main Contact _____

Office Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Executive Director (if applicable):

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

President:

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Vice President:

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Secretary:

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Treasurer:

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Membership Coordinator Contact:

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Individual who should receive Advocacy Alerts:

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____