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 Return by: Mail or Fax

DATE: _____

CHAPTER OFFICERS

Term of Office: Date from: _____ Date to: _____

CHAPTER NAME: _____

CHAPTER ID: _____

CHAPTER ADDRESS _____

PRESIDENT: _____ MEMBER # _____
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 CITY: _____ STATE: _____ ZIP CODE: _____
 TELEPHONE: Office () _____ Home () _____
 Fax () _____ E-mail _____

VICE PRESIDENT: _____ MEMBER # _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 TELEPHONE: Office () _____ Home () _____
 Fax () _____ E-mail _____

TREASURER: _____ MEMBER # _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 TELEPHONE: Office () _____ Home () _____
 Fax () _____ E-mail _____

SECRETARY: _____ MEMBER # _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 TELEPHONE: Office () _____ Home () _____
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MEMBERSHIP CHAIR: _____ MEMBER # _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: Office () _____ Home () _____
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CERTIFICATION ADVISOR: _____ MEMBER # _____
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TELEPHONE: Office () _____ Home () _____
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APPRENTICESHIP CHAIR _____ MEMBER # _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: Office () _____ Home () _____
E-mail: _____

CULINARY SHOW CHAIR: _____ MEMBER # _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: Office () _____ Home () _____
E-mail: _____

CHEF & CHILD FOUNDATION: _____ MEMBER # _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: Office () _____ Home () _____
e-mail: _____

Junior Chapter President: _____ MEMBER# _____
ADDRESS _____
CITY: _____ STATE: _____ ZIP CODE _____
TELEPHONE: Office () _____ Home () _____
E-mail: _____

OTHER OFFICER/TITLE: _____ MEMBER # _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: Office () _____ Home () _____
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