



NARFE

CHAPTER OFFICER ROSTER

NATIONAL ACTIVE and RETIRED FEDERAL EMPLOYEES

Chapter Name _____	Fed Tax # _____	Chapter # _____
Location _____	Meeting Place _____	
Day and Time _____	except for _____	
	(month)	(month) (month)

Chapter Dues \$ _____ /per year	Check <input type="checkbox"/> if dues amount changed	Effective Date _____
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PRESIDENT 01 (Check box if this is a new officer)

Member # _____ Member Name _____

Address _____

State, City, Zip _____ Phone # _____

Fax # _____ E-mail address _____

1st VICE PRESIDENT 02 (Check box if this is a new officer)

Member # _____ Member Name _____

Address _____

State, City, Zip _____ Phone # _____

Fax # _____ E-mail address _____

2nd VICE PRESIDENT 02 (Check box if this is a new officer)

Member # _____ Member Name _____

Address _____

State, City, Zip _____ Phone # _____

Fax # _____ E-mail address _____

SECRETARY 03 (Check box if this is a new officer)

Member # _____ Member Name _____

Address _____

State, City, Zip _____ Phone # _____

Fax # _____ E-mail address _____

TREASURER 04 (Check box if this is a new officer)

Member # _____ Member Name _____

Address _____

State, City, Zip _____ Phone # _____

Fax # _____ E-mail address _____

SECRETARY/TREASURER 05 (Check box if this is a new officer)

Member # _____ Member Name _____

Address _____

State, City, Zip _____ Phone # _____

Fax # _____ E-mail address _____

LEGISLATIVE CHAIR 06 (Check box if this is a new officer)
Member # _____ Member Name _____
Address _____
State, City, Zip _____ Phone # _____
Fax # _____ E-mail address _____

MEMBERSHIP CHAIR 07 (Check box if this is a new officer)
Member # _____ Member Name _____
Address _____
State, City, Zip _____ Phone # _____
Fax # _____ E-mail address _____

PUBLIC RELATIONS 08 (Check box if this is a new officer)
Member # _____ Member Name _____
Address _____
State, City, Zip _____ Phone # _____
Fax # _____ E-mail address _____

SERVICE OFFICER 09 (Check box if this is a new officer)
Member # _____ Member Name _____
Address _____
State, City, Zip _____ Phone # _____
Fax # _____ E-mail address _____

NEWSLETTER EDITOR 11 (Check box if this is a new officer)
Member # _____ Member Name _____
Address _____
State, City, Zip _____ Phone # _____
Fax # _____ E-mail address _____

ALZHEIMER'S CHAIR 12 (Check box if this is a new officer)
Member # _____ Member Name _____
Address _____
State, City, Zip _____ Phone # _____
Fax # _____ E-mail address _____

NARFE-PAC CHAIR 13 (Check box if this is a new officer)
Member # _____ Member Name _____
Address _____
State, City, Zip _____ Phone # _____
Fax # _____ E-mail address _____

NARFE-NET COORDINATOR 16 (Check box if this is a new officer)
Member # _____ Member Name _____
Address _____
State, City, Zip _____ Phone # _____
Fax # _____ E-mail address _____

Submitted by: _____ Title _____ Date _____

INSTRUCTIONS:

Chapters are strongly encouraged to use this form to report all changes in key chapter officers and chapters dues changes
All chapters are required, **by January 1 each year**, to send a complete listing of all chapter officers and their chapter's dues to the **National Office**, their **Federation President and Secretary**, and/or other requesters.
All chapter officers are required to be a national and chapter member. Members may only hold elective offices in their designated home chapter.
Members cannot hold elective office in other (non-home) chapters.
All chapter dues changes received at the National Office require the effective date of the dues change and require a minimum notice of **90 days** to become fully effective.
This completed and signed form should be sent for processing to: **NARFE, Field Services F-7 Unit 606 N. Washington St. Alexandria, VA 22314-1914**