



ANNUAL CHAPTER MEMBERSHIP FORM DUE DATE – MARCH 1

CHAPTER NAME _____ REGION _____ STATE _____

DATE _____ NO# OF MEMBERS _____ Has meeting information changed? **Y** **N**

If **Y**, list change(s) _____

OFFICERS (Attach list, or write below- Include name, email address and phone)

PRESIDENT

VICE -PRESIDENT

SECRETARY

TREASURER

Attach list of additional members, or write below (include name, email and phone #)

_____ (Continue on back, if handwritten) _____

Please email a copy to your Regional Representative and to the Regional Coordinator. (Contact info for the Regional Representative & Coordinator is in the front of the ATHA magazine or on the ATHA website.)