



NARFE

National Active and Retired Federal Employees Association

CHAPTER OFFICER ROSTER

Click on Button to Email
Completed Form:

Chapter Name _____ **District Number** _____ **Chapter Number** _____

Location _____ **Meeting Place** _____

Day and Time _____ , except for _____
(month) (month) (month)

Chapter Dues \$ _____ /per year **Check** **if dues amount changed** **Effective Date** _____

PRESIDENT 01 (Check box if this is a new officer)

Member # _____ Member Name _____
 Address _____
 City, State, Zip _____ Phone # (____) _____
 Fax # (____) _____ E-mail address _____

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

Member # _____ Member Name _____
 Address _____
 City, State, Zip _____ Phone # (____) _____
 Fax # (____) _____ E-mail address _____

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

Member # _____ Member Name _____
 Address _____
 City, State, Zip _____ Phone # (____) _____
 Fax # (____) _____ E-mail address _____

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

Member # _____ Member Name _____
 Address _____
 City, State, Zip _____ Phone # (____) _____
 Fax # (____) _____ E-mail address _____

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

Member # _____ Member Name _____
 Address _____
 City, State, Zip _____ Phone # (____) _____
 Fax # (____) _____ E-mail address _____

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

Member # _____ Member Name _____
 Address _____
 City, State, Zip _____ Phone # (____) _____
 Fax # (____) _____ E-mail address _____

LEGISLATIVE CHAIR 06 (Check box__ if this is a new officer)

Member # _____ Member Name _____
Address _____
City, State, Zip _____ Phone # (____) _____
Fax # (____) _____ E-mail address _____

MEMBERSHIP CHAIR 07 (Check box__ if this is a new officer)

Member # _____ Member Name _____
Address _____
City, State, Zip _____ Phone # (____) _____
Fax # (____) _____ E-mail address _____

PUBLIC RELATIONS 08 (Check box__ if this is a new officer)

Member # _____ Member Name _____
Address _____
City, State, Zip _____ Phone # (____) _____
Fax # (____) _____ E-mail address _____

SERVICE OFFICER 09 (Check box__ if this is a new officer)

Member # _____ Member Name _____
Address _____
City, State, Zip _____ Phone # (____) _____
Fax # (____) _____ E-mail address _____

NEWSLETTER EDITOR 11 (Check box__ if this is a new officer)

Member # _____ Member Name _____
Address _____
City, State, Zip _____ Phone # (____) _____
Fax # (____) _____ E-mail address _____

ALZHEIMER'S CHAIR 12 (Check box__ if this is a new officer)

Member # _____ Member Name _____
Address _____
City, State, Zip _____ Phone # (____) _____
Fax # (____) _____ E-mail address _____

NARFE-PAC CHAIR 13 (Check box __ if this is a new officer)

Member # _____ Member Name _____
Address _____
City, State, Zip _____ Phone # (____) _____
Fax # (____) _____ E-mail address _____

NARFE NET COORDINATOR 16 (Check box__ if this is a new officer)

Member # _____ Member Name _____
Address _____
City, State, 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 chapter 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, District VP, Secretary, and Editor**, and 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.