

APICS Chapter Officer Roster Form

This form or format can be used to submit a new roster for the current term or update an existing roster on file for the current term.
(Please Print or Type)

New roster

Updates to existing roster

Date: _____

Chapter Name: _____

Chapter President's Name: _____

Term: From (mo/yr): _____ To (mo/yr): _____

Chapter President's Signature: _____

Office/Position/Contact	Name	APICS ID	E-mail Address <small>*Email Address is required for these officers</small>	Add to Officers Listserv <input checked="" type="checkbox"/>
President			*	<input type="checkbox"/> Y <input type="checkbox"/> N
President-Elect				<input type="checkbox"/> Y <input type="checkbox"/> N
Secretary				<input type="checkbox"/> Y <input type="checkbox"/> N
Treasurer			*	<input type="checkbox"/> Y <input type="checkbox"/> N
VP Education				<input type="checkbox"/> Y <input type="checkbox"/> N
VP Membership			*	<input type="checkbox"/> Y <input type="checkbox"/> N
VP Programs				<input type="checkbox"/> Y <input type="checkbox"/> N
VP Public Relations				<input type="checkbox"/> Y <input type="checkbox"/> N
Newsletter Editor				<input type="checkbox"/> Y <input type="checkbox"/> N
VP Recognition				<input type="checkbox"/> Y <input type="checkbox"/> N
SAMCA Contact			*	<input type="checkbox"/> Y <input type="checkbox"/> N
Rebate Check Recipient				<input type="checkbox"/> Y <input type="checkbox"/> N
Chapter Invoice Recipient/Billing Contact				<input type="checkbox"/> Y <input type="checkbox"/> N
Other titles (specify)				<input type="checkbox"/> Y <input type="checkbox"/> N

Electronic Mail Contact

The following information must be supplied to ensure your chapter receives its monthly Electronic Reports and SAMCA Update Files.
Note: Your chapter may want to designate a central email address to ensure that this information is accessible to all chapter officers.

(Select One)	E-mail Address <small>(Required)</small>	Name <small>(if applicable)</small>	APICS ID <small>(if applicable)</small>
<input type="checkbox"/> Officer's E-mail			
<input type="checkbox"/> Central Chapter E-mail			

Chapter Contact Information

The following information is listed on the Chapter Locator/Online Membership Application in addition to chapter president's information.

Chapter Contact Name (if applicable)	
Chapter Phone #/Voice Mail	
Chapter E-mail Contact	
Chapter Website Address	
Chapter Mailing Address <small>If your chapter has an administrative office or a PO Box for mailing purposes, please provide the address.</small>	

Return completed forms to:

APICS Chapter Relations

Fax: (703) 354-8662

E-mail: chaprel@apicshq.org

Mail: 5301 Shawnee Road
Alexandria, VA 22312-2317

Questions?
Call APICS Chapter Relations
(800) 444-APICS (2742) or
(703) 354-8851, ext. 2324

