



CHAPTER CONTACTS

CHAPTER NAME _____ **Effective Date** _____

PRESIDENT _____

Email address _____ Phone Number _____

MAILING ADDRESS – School or Home (*please circle*) Provide home address if applicable:

TREASURER _____

Email address _____ Phone Number _____

MAILING ADDRESS – School or Home (*please circle*) Provide home address if applicable:

OTHER OFFICERS (*Will only receive Foundation email communications*)

NAME/OFFICE _____

Email address _____ Phone Number _____

NAME/OFFICE _____

Email address _____ Phone Number _____

NAME/OFFICE _____

Email address _____ Phone Number _____

Please complete and email to KMeigs@dcsdk12.org. Thank you!