



Chapter Officer Update Form

Please help us keep our records up to date. If your chapter has had any changes within the last six months, let us know. Complete the information below. This information will be used to update our database as well as the Chapter Section on the ASHE website.

OFFICIAL CHAPTER NAME

Official Mailing Address: _____

City/State/Zip: _____

Telephone: _____

Fax: _____

Chapter URL Address: _____

Chapter E-mail Address: _____

2011 Chapter President:

Name: _____

Title: _____

Employer: _____

Address: _____

Telephone: _____

E-mail: _____

ASHE Chapter Liaison/Contact Person *(other than the Chapter President)*

Name: _____

Telephone: _____

E-mail: _____

ASHE Advocacy Liaison

Name: _____

Telephone: _____

E-mail: _____

**Return to an ASHE Staff Person or
FAX CHANGES TO ASHE at (312) 422-4571**