NAACP UNIT OFFICER REPORT/UPDATE FORM

To be filled out by: Branch President or Secretary

To be submitted to: Rev. Gill Ford, National Director Unit Capacity

4805 Mt Hope Drive Baltimore, MD 21215 Fax 410 358-1607

Email: gford@naacpnet.org

UNIT MAILING INFORMATION						
Name of Unit				Unit Number		
Branch Address	City/	City/State/Zip				
Phone			Fax			
Cell			Other			
Email V		۱۸/۵	/ebsite			
emaii v		VVC	vebsite			
PRESIDENT INFORMATION						
Name						
Address	City/State/Zip		e/Zip			
Phone		,	Fax			
Cell			Other			
Email		We	 ebsite			
W						
SECRETARY INFORMATION						
SECRETARY INFORMATION Name						
	City/		e/Zip			
Name	City/	'Stat	e/Zip Fax			
Name Address	City/					
Name Address Phone	City/	,	Fax			
Name Address Phone Cell Email	City/	,	Fax Other			
Name Address Phone Cell Email TREASURER INFORMATION	City/	,	Fax Other			
Name Address Phone Cell Email	City/	,	Fax Other			
Name Address Phone Cell Email TREASURER INFORMATION		, We	Fax Other			
Name Address Phone Cell Email TREASURER INFORMATION Name		We	Fax Other bsite			
Name Address Phone Cell Email TREASURER INFORMATION Name Address		, We	Fax Other bsite e/Zip			

MEMBERSHIP CHAIR COMMITTEE INFORMATION						
Name						
Address	City/State/Zip					
Phone	,	Fax				
Cell		Other				
Email	We	ebsite				
FOLICATION CHAID COMMITTEE INFORMATION						
Name						
Address	City/State/Zip					
Phone		Fax				
Cell		Other				
Email	Website					
HEALTH CHAIR COMMITTEE INFORMATION	1					
Name						
Address	City/State/Zip					
Phone	,	Fax				
Cell		Other				
Email	We	l ebsite				
LEGAL DEDDESS CHAID INFORMATION						
Name						
Address	City/Stat	te/Zip				
Phone		Fax				
Cell		Other				
Email	We	ebsite				
POLITICAL ACTION CHAIR INFORMATION						
Name						
Address	City/State/Zip					
Phone	,	Fax				
Cell		Other				
Email	We	l ebsite				

YOUNG ADULT CHAIR INFORMATION					
Name					
Address	City/St	rate/Zip			
Phone		Fax			
Cell		Other			
Email	V	Vebsite			
YOUTH WORK INFORMATION					
Name					
Address		rate/Zip			
Phone	,	Fax			
Cell		Other			
Email	V	/ebsite			
ARMED SERVICES & VETERANS AFFAIRS INFORMATIO)N				
Name					
Address	City/State/Zip				
Phone	<u>,</u>	Fax			
Cell		Other			
Email	V	ebsite			
ACT-SO INFORMATION					
Name					
Address	City/St	ate/Zip			
Phone		Fax			
Cell		Other			
Email	V	Vebsite			
WOMEN IN NAACP (WIN) INFORMATION					
Name					
Address	City/St	City/State/Zip			
Phone	<u>, ,</u>	Fax			
Cell		Other			
Email	V	Nebsite			