

# 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](mailto:gford@naacpnet.org)

UNIT MAILING INFORMATION	
Name of Unit	Unit Number
Branch Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

PRESIDENT INFORMATION	
Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

SECRETARY INFORMATION	
Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

TREASURER INFORMATION	
Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

MEMBERSHIP CHAIR COMMITTEE INFORMATION		
Name		
Address	City/State/Zip ,	
Phone	Fax	
Cell	Other	
Email	Website	

EDUCATION CHAIR COMMITTEE INFORMATION		
Name		
Address	City/State/Zip ,	
Phone	Fax	
Cell	Other	
Email	Website	

HEALTH CHAIR COMMITTEE INFORMATION		
Name		
Address	City/State/Zip ,	
Phone	Fax	
Cell	Other	
Email	Website	

LEGAL REDRESS CHAIR INFORMATION		
Name		
Address	City/State/Zip ,	
Phone	Fax	
Cell	Other	
Email	Website	

POLITICAL ACTION CHAIR INFORMATION		
Name		
Address	City/State/Zip ,	
Phone	Fax	
Cell	Other	
Email	Website	

YOUNG ADULT CHAIR INFORMATION		
Name		
Address	City/State/Zip ,	
Phone	Fax	
Cell	Other	
Email	Website	

YOUTH WORK INFORMATION		
Name		
Address	City/State/Zip ,	
Phone	Fax	
Cell	Other	
Email	Website	

ARMED SERVICES & VETERANS AFFAIRS INFORMATION		
Name		
Address	City/State/Zip ,	
Phone	Fax	
Cell	Other	
Email	Website	

ACT-SO INFORMATION		
Name		
Address	City/State/Zip ,	
Phone	Fax	
Cell	Other	
Email	Website	

WOMEN IN NAACP (WIN) INFORMATION		
Name		
Address	City/State/Zip ,	
Phone	Fax	
Cell	Other	
Email	Website	