

BPW/TN
20__-20__ Local Officer Information Form

Local Organization Name: _____ *Local Website:* _____

President: _____
Address: _____
City/State/Zip: _____
Telephone: B: _____ H: _____ Cel: _____
Email Address: _____

Secretary (Rec): _____
Address: _____
City/State/Zip: _____
Telephone: B: _____ H: _____ Cel: _____
Email Address: _____

Treasurer _____
Address: _____
City/State/Zip: _____
Telephone: B: _____ H: _____ Cel: _____
Email Address: _____

Local Organizations whose president does not have e-mail access may designate an E-mail Contact, a member who will agree to receive communications for the organization. Please indicate whether this contact is to be used:

- _____ **in emergency situations only.**
- _____ **For communications, not emergency, with prior approval by the LO president (to be used to transmit information too extensive for printing and mailing or not suitable for printing (Membership reports, e.g.)**
- _____ **For any Communication**

E-Mail Contact: _____
Address: _____
City/State/Zip: _____
Telephone: B: _____ H: _____ Cel: _____
Email Address: _____

Please include information for all officers and chairs in the Local Organization. Every LO will not necessarily have all the offices. Refer to the Bylaws for mandated offices.

Send immediately after election of officers to:

BPW/TN
Local Officer Information
2817 West End Ave, Suite 126-122
Nashville, TN 37203

OR Email to:

info@bpwtn.org
president@bpwtn.org
president-elect@bpwtn.org
treasurer@bpwtn.org

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Other Officers and Chairs (add only those offices in the LO)

President-elect: _____
Address: _____
City/State/Zip: _____
Telephone: B: _____ H: _____ Cel: _____
Email Address: _____

1st Vice President: _____
Address: _____
City/State/Zip: _____
Telephone: B: _____ H: _____ Cel: _____
Email Address: _____

2nd Vice President: _____
Address: _____
City/State/Zip: _____
Telephone: B: _____ H: _____ Cel: _____
Email Address: _____

Membership Chair: _____
Address: _____
City/State/Zip: _____
Telephone: B: _____ H: _____ Cel: _____
Email Address: _____

Legislation Chair: _____
Address: _____
City/State/Zip: _____
Telephone: B: _____ H: _____ Cel: _____
Email Address: _____

Change titles to reflect your Local Organization's offices or chairs.