

**BPW/TN**  
**20\_\_-20\_\_ Local Officer Information Form**

*Local Organization* \_\_\_\_\_ *LO Website* \_\_\_\_\_

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

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

<b>Treasurer:</b>			
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**

<b>E-Mail Contact:</b>			
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: OR Email to:**  
**BPW/TN** info@bpwtn.org  
**Local Officer Information** president@bpwtn.org  
622 Lanier Road president-elect@bpwtn.org  
Alamo, TN 38001 treasurer@bpwtn.org

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

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

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

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

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

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

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