NAACP OFFICER REPORT FORM

To be submitted by: December 30, 2016

To be filled out by: 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/State/Zip			
Phone	I		Fax	
Cell	ell		Other	
mail		ebsite		
PRESIDENT INFORMATION				
Name				
Address	City/State/Zip			
Phone			Fax	
Cell		Other		
Email	W		'ebsite	
1 st VICE PRESIDENT INFORMATION				
Name				
Address	City/State/Zip			
Phone	ne		Fax	
Cell		Other		
mail We				
Email	W	ebsite		
	W	ebsite		
2 nd VICE PRESIDENT INFORMATION Name	W	ebsite		
2 nd VICE PRESIDENT INFORMATION	W City/Sta			
2 nd VICE PRESIDENT INFORMATION Name				
2 nd VICE PRESIDENT INFORMATION Name Address		te/Zip		

3 rd VICE PRESIDENT INFORMATION					
Name					
Address	City/State/Zip				
Phone	1	Fax			
Cell		Other			
Email	We	ebsite			
SECRETARY INFORMATION					
ame					
Address	City/Stat	te/Zip			
Phone		Fax			
Cell		Other			
Email	We	ebsite			
ASSISTANT SECRETARY INFORMATION	'				
Name					
Address	City/State/Zip				
Phone	l	Fax			
Cell		Other			
Email	We	ebsite			
TREASURER INFORMATION	1				
Name					
Address	City/Stat	te/Zip			
Phone		Fax			
Cell		Other			
Email	We	ebsite			
ASSISTANT TREASURER INFORMATION					
Name					
Address	City/State/Zip				
Phone		Fax			
Cell		Other			
Email	We	 ebsite			

ACT-SO CHAIR INFORMATION				
Name				
Address	City/State/Zip			
Phone	l	Fax		
Cell		Other		
Email	V	Vebsite		
PRESS & PUBLICITY CHAIR COMMITTEE INFORMATIO	N			
Name				
Address	City/St	ate/Zip		
Phone	I	Fax		
Cell		Other		
Email	V	ebsite		
CRIMINAL JUSTICE CHAIR COMMITTEE INFORMATION	N			
Name				
Address	City/State/Zip			
Phone		Fax		
Cell		Other		
Email	V	Vebsite		
ECONOMIC CHAIR COMMITTEE INFORMATION				
Name				
Address	City/St	ate/Zip		
Phone	J	Fax		
Cell		Other		
Email	V	Vebsite		
HEALTH CHAIR INFORMATION				
Name				
Address	City/State/Zip			
Phone	1	Fax		
Cell		Other		
Email	V	Vebsite		

LEGAL REDRESS CHAIR INFORMATION				
Name				
Address	City/State/Zip			
Phone	I	Fax		
Cell		Other		
Email		Website		
MEMBERSHIP CHAIR INFORMATION				
Name				
Address	City/State/Zip			
Phone	1	Fax		
Cell	Other			
Email	Website			
POLITICAL ACTION CHAIR COMMITTEE INFORT	MATION			
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 CHAIR INFORMATION				
Name				
Address	City/	State/Zip		
Phone	l	Fax		
Cell		Other		
Email		Website		

WOMEN IN NAACP (WIN) CHAIR INFORMATION			
Name			
Address	City/State/Zip		
Phone		Fax	
Cell		Other	
Email	mail We		
YOUTH ADVISOR INFORMATION			
Name			
Address	City/Sta	te/Zip	
Phone		Fax	
Cell		Other	
Email	W	ebsite	