



Winston-Salem State University National Alumni Association, Incorporated
CHAPTER ROSTER
July 1, 20__ through June 30, 20__

Chapter Name: _____
Region: _____
Chapter Mailing Address: _____

(Street or P.O. Box, City, State, and Zip Code)

Number of Chapter Financial Members _____

CHAPTER OFFICERS

PRESIDENT

Name _____
Address _____
City, State, ZIP _____
Telephone Number _____
Email _____
Class Year _____
WSSUNAA Member (Y)/(N) - Life _____

VICE-PRESIDENT

Name _____
Address _____
City, State, ZIP _____
Telephone Number _____
Email _____
Class Year _____
WSSUNAA Member (Y)/(N) - Life _____

SECRETARY

Name _____
Address _____
City, State, ZIP _____
Telephone Number _____
Email _____
Class Year _____
WSSUNAA Member (Y)/(N) - Life _____

TREASURER

Name _____
Address _____
City, State, ZIP _____
Telephone Number _____
Email _____
Class Year _____
WSSUNAA Member (Y)/(N) - Life _____

CHAPTER MEMBERS

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Distribution Checklist

1. File electronically to the Winston-Salem State University National Alumni Office by July 31st.
2. Maintain a copy of the report for the chapter's files.