

Class Year

WSSUNAA Member (Y)/(N) - Life

## 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		VICE-PRESIDENT
Name	Name	
Address	Address	
City, State, ZIP	City, State, ZIP	
Telephone Number	Telephone Number	
Email	Email	
Class Year	Class Year	
WSSUNAA Member (Y)/(N) - Life	WSSUNAA Member (Y)/(N) - Life	
SECRETARY		TREASURER
Name	Name	
Address	Address	
City, State, ZIP	City, State, ZIP	
Telephone Number	Telephone Number	
Email	Email	

## **CHAPTER MEMBERS**

Class Year

WSSUNAA Member (Y)/(N) - Life

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

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

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

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.

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