



**National Active and Retired
Federal Employees Association**
606 North Washington Street
Alexandria, Virginia 22314-1914
(703) 838-7760 • FAX (703) 838-7783

NARFE Chapter Officer Roster

Term 20__ To 20__

INSTRUCTIONS:

- Chapters are encouraged to use this form to report all changes in key chapter officers and chapter dues changes.
- All chapters are required, **by January 1 each year**, to send a complete listing of all chapter officers and their chapter's dues to the **National Office**, their **Federation President and Secretary**, and/or other requesters.
- All chapter officers are required to be a national and chapter member.
- All chapter dues changes received at the National Office require the effective date of the dues change and require a minimum notice of **90 days** to become fully effective.
- This completed and signed form should be sent for processing to: **NARFE, Federation and Chapter Services F-7 Unit, 606 N. Washington St. • Alexandria, VA 22314-1914**

Chapter Name _____

Fed Tax # _____

Chapter Number _____

Location _____

Meeting Place _____

Day and Time _____

Except for _____

(month) (month) (month)

Chapter Dues \$ _____ /per year

Check if dues amount changed

Effective Date _____

President 01 New No change Vacant

Member # _____

Member Last Name _____

1st Vice President 02 New No change Vacant

Member # _____

Member Last Name _____

2nd Vice President 02 New No change Vacant

Member # _____

Member Last Name _____

Secretary 03 New No change Vacant

Member # _____

Member Last Name _____

Treasurer 04 New No change Vacant

Member # _____

Member Last Name _____

Secretary Treasurer 05 New No change Vacant

Member # _____

Member Last Name _____

Leg. Chair (Nat'l Legislation) 06 New No change Vacant

Member # _____

Member Last Name _____

Membership Chair 07 New No change Vacant

Member # _____

Member Last Name _____

Public Relations 08 New No change Vacant

Member # _____

Member Last Name _____

Service Officer 09 New No change Vacant

Member # _____

Member Last Name _____

Newsletter Editor 11 New No change Vacant

Member # _____

Member Last Name _____

Alzheimer's Chair 12 New No change Vacant

Member # _____

Member Last Name _____

NARFE-PAC Chair 13 New No change Vacant

Member # _____

Member Last Name _____

Financial Secretary 14 New No change Vacant

Member # _____

Member Last Name _____

Other 15 New No change Vacant

Member # _____

Member Last Name _____

NARFE Net Coor. 16 New No change Vacant

Member # _____

Member Last Name _____

Leg. Chair (State Legislation) 17 New No change Vacant

Member # _____

Member Last Name _____

Important Information for Chapter President

To reduce cost and waste, NARFE has established a “paperless” program that eliminates paper reports for chapters. If you want to continue to receive paper copies, you must indicate below:

I want to receive paper reports

If you marked the above, you will continue to receive paper copies of NARFE reports, and your chapter will be charged for the shipping and handling costs. This includes the M-112, M-114, etc.

Signature, Chapter President

Submitted by: _____

Title: _____

Date: _____