

NABSE



National Alliance of Black School Educators

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AFFILIATE UPDATE INFORMATION SHEET

September 1, 2014 – August 31, 2015

Please fill out this form completely as possible. This is one way in which we ensure that Affiliates receive updated, relevant materials and information on new programs in a timely manner. Thank you.

Affiliate Name: _____

Address: _____

President: _____ **Title/Position** _____

Home Address: _____

Work Phone: _____ **Home Phone:** _____ **Fax:** _____

Email Address: _____

Please send correspondence to the President's Home Address _____ the Affiliate Address _____

Secretary: _____ **Title/Position** _____

Home Address: _____

Home Phone: _____ **Work Phone:** _____ **Fax:** _____

Treasurer: _____ **Title/Position** _____

Home Address: _____

Home Phone: _____ **Work Phone:** _____ **Fax:** _____

Additional Officer/Committee information is listed on a separate sheet.

Elections are held _____

This Affiliate serves the following areas (specify cities, etc.): _____

Events Planned for 2014-2015 (use separate sheet if necessary):

Number of Members: Local _____ **National** _____ **Please enclose membership roster of National members.**