

# State and Chapter Officer Election Notification

**To:** AAMA Membership Department  
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Chicago, IL 60606

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\_\_\_\_\_ page(s)

**From:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Office/position title:** \_\_\_\_\_

**State or chapter name:** \_\_\_\_\_

**Work/daytime phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

## President\*

Name & Member ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City/state/zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_

## President Elect/Vice President\*

Name & Member ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City/state/zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_

## Treasurer\*

Name & Member ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City/state/zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_

## Secretary\*

Name & Member ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City/state/zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_

## Membership Chair/Contact\*

Name & Member ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City/state/zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_

## Marketing Chair/Contact\*

Name & Member ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City/state/zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_

*\*All officers must be current AAMA members and in compliance with their state and/or local bylaws.*