OFFICER DATA SHEET

I accept the appointment of _____
(may list multiple appointments)

_____

for the National Sojourner year 2017-2018.

I cannot accept the appointment of _____.

Please complete the following (circle one):
I wish to receive a copy of the 2017-18 Staff Directory. DIGITAL ☐ MAIL ☐

I wish to receive the changes to the National By-Laws & Regulations. DIGITAL ☐ MAIL ☐

(If you cannot accept the appointment, you will not be sent the Staff Directory or Changes.)

Please complete the following for inclusion in the Staff Directory <u>(Please print):</u>

CHAPTER # _____ BRANCH OF SERVICE: _____

NAME&RANK: _____

STREET/P. O. BOX: _____

CITY: _____ STATE: _____

<u>COMPLETE ZIP CODE (9 DIGITS):</u> _____

TELEPHONE NUMBERS: HOME: (_____)_____

CELL: (_____)_____

WORK: (_____)_____

FAX: (_____)_____

EMAIL: _____

Wife's name: _____

Please return to National Headquarters, 7942R Cluny Court, Springfield, VA 22153-2810. FAX: 703-765-8390 or email the above information to: <u>hq@nationalsojourners.org</u>.

If you decline to have your work phone or FAX numbers or EMAIL published, please indicate that by circling that item.