

NAACP OFFICER REPORT FORM

To be submitted by: December 30, 2016

To be filled out by: President or Secretary

To be submitted to: Rev. Gill Ford, National Director Unit Capacity
 4805 Mt Hope Drive
 Baltimore, MD 21215
 Fax 410 358-1607
 Email: gford@naacpnet.org

UNIT MAILING INFORMATION	
Name of Unit	Unit Number
Branch Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

PRESIDENT INFORMATION	
Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

1 st VICE PRESIDENT INFORMATION	
Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

2 nd VICE PRESIDENT INFORMATION	
Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

3 rd VICE PRESIDENT INFORMATION	
Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

SECRETARY INFORMATION	
Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

ASSISTANT SECRETARY INFORMATION	
Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

TREASURER INFORMATION	
Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

ASSISTANT TREASURER INFORMATION	
Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

ACT-SO CHAIR INFORMATION

Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

PRESS & PUBLICITY CHAIR COMMITTEE INFORMATION

Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

CRIMINAL JUSTICE CHAIR COMMITTEE INFORMATION

Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

ECONOMIC CHAIR COMMITTEE INFORMATION

Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

HEALTH CHAIR INFORMATION

Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

LEGAL REDRESS CHAIR INFORMATION

Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

MEMBERSHIP CHAIR INFORMATION

Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

POLITICAL ACTION CHAIR COMMITTEE INFORMATION

Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

YOUNG ADULT CHAIR INFORMATION

Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

YOUTH WORK CHAIR INFORMATION

Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

WOMEN IN NAACP (WIN) CHAIR INFORMATION

Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

YOUTH ADVISOR INFORMATION

Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website