

NAACP BRANCH OFFICER REPORT FORM

To be submitted by: January 30, 2019

To be filled out by: Branch President and/or Branch Secretary

To be submitted to: Audrey A. Lamyssaire, Manager of Constituent Services
 4805 Mt Hope Drive
 Baltimore, MD 21215
 Fax 410 358-1607
 Email: alamyssaire@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

2nd VICE PRESIDENT INFORMATION	
Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website
3rd 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
INFORMATION	
Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website
INFORMATION	
Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

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