



AMERICAN CRIMINAL JUSTICE ASSOCIATION--LAMBDA ALPHA EPSILON
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OFFICERS' ROSTER

Please supply the following information, in duplicate, whenever (1) a new chapter is formed, (2) new officers are elected, (3) a vacancy is filled, or (4) reporting a change of address for a current officer. **AT LEAST TWO MAILINGS A YEAR GO OUT TO CHAPTER PRESIDENTS, SECRETARIES, AND ADVISORS OR RECORD. IT IS IMPORTANT THAT THE NATIONAL OFFICE HAS A CORRECT LIST OF CHAPTER OFFICERS AT ALL TIMES. ALL OFFICERS MUST BE PAID NATIONAL MEMBERS TO HOLD OFFICE. This form may be FAXED**

Date _____ Region _____

Chapter _____ College/University _____

Chapter President's Name _____ Membership # _____

Mailing Address _____

Telephone _____ Email Address _____

Chapter Vice-President's Name _____ Membership # _____

Mailing Address _____

Telephone _____ Email Address _____

Chapter Secretary's Name _____ Membership # _____

Mailing Address _____

Telephone _____ Email Address _____

Chapter Treasurer's Name _____ Membership # _____

Mailing Address _____

Telephone _____ Email Address _____

Chapter Advisor's Name _____ Membership # _____

Mailing Address _____

Telephone (Home) _____ Telephone (Business) _____

FAX Number _____ Email Address _____

Regional President

File