



## NAHCR CHAPTER PRESIDENT UPDATE FORM

Name of Chapter: \_\_\_\_\_

New President: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Date Assumed Office: \_\_\_\_\_

Date Term to be Completed: \_\_\_\_\_

Please fax the completed form to the  
NAHCR Executive Office  
913.895.4652