



2024
CHAPTER VOLUNTEER LEADERSHIP
TEAM

****Please complete ALL information.****

Chapter Name _____

President / Team Lead _____ **Class** _____

Address _____

City _____ **State** _____ **ZIP** _____

Preferred Phone (Home, Cell, Work) _____

E-mail _____

Vice President _____ **Class** _____

Address _____

City _____ **State** _____ **ZIP** _____

Preferred Phone (Home, Cell, Work) _____

E-mail _____

Secretary _____ **Class** _____

Address _____

City _____ **State** _____ **ZIP** _____

Preferred Phone (Home, Cell, Work) _____

E-mail _____

Treasurer _____ **Class** _____

Address _____

City _____ **State** _____ **ZIP** _____

Preferred Phone (Home, Cell, Work) _____

E-mail _____

Committees and Board Members

Alumni Awards Recognition/Selection
Program or Social Activity Coordinator
Game-Watch Gathering Coordinator

Membership and/or Fundraising
Senior/Retired Alumni
Young Alumni

Community Service Chair _____ Class _____

Address _____

City _____ State _____ ZIP _____

Preferred Phone (Home, Cell, Work) _____

E-mail _____

Scholarship Chair _____ Class _____

Address _____

City _____ State _____ ZIP _____

Preferred Phone (Home, Cell, Work) _____

E-mail _____

Student Recruiting Chair _____ Class _____

Address _____

City _____ State _____ ZIP _____

Preferred Phone (Home, Cell, Work) _____

E-mail _____

***Must sign up with Alumni Recruitment Network*

Publicity / Social Media _____ Class _____

Address _____

City _____ State _____ ZIP _____

Preferred Phone (Home, Cell, Work) _____

E-mail _____

Title/Position _____

Name _____ Class _____

Address _____

City _____ State _____ ZIP _____

Preferred Phone (Home, Cell, Work) _____

E-mail _____

Title/Position _____

Name _____ Class _____

Address _____

City _____ State _____ ZIP _____

Preferred Phone (Home, Cell, Work) _____

E-mail _____

Title/Position _____

Name _____ Class _____

Address _____

City _____ State _____ ZIP _____

Preferred Phone (Home, Cell, Work) _____

E-mail _____

*****Chapter Scholarship Fund Primary Contact*****

If you have a scholarship through the MSU Foundation, we **MUST** have a primary contact person **for all communication, fund balance reports, thank you letters, etc.**

Name _____ Class _____

Address _____

City _____ State _____ ZIP _____

Preferred Phone (Home, Cell, Work) _____

E-mail _____

Preferred method of daytime communication:

- Cell Phone Work Phone Home Phone Email

Does this chapter have a primary/preferred mailing address separate from any officer's mailing address? If yes, please provide this information.

Address _____

City _____ State _____ ZIP _____

Chapter Contact Info & Social Media

So that we don't lose access information through volunteer changes, please provide all login info. Make sure our staff have admin access to your Facebook groups and pages.

Email address (and login/password): _____

Facebook group/page name: _____

Twitter (and login/password): _____

Instagram (and login/password): _____

LinkedIn (and login/password): _____

**Please return this form to the MSU Alumni Association by
5:00 p.m.**

Monday, December 11, 2023

c/o Michael Richardson, Assistant Director for Regional and Volunteer Engagement

Email – mrichardson@alumni.msstate.edu

Fax – 662-325-8425

Mail – P.O. Box AA, Mississippi State, MS 39762