2025

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, or Work

E-mail

**Secretary** Class

Address

City State ZIP

Preferred Phone: Home, Cell, or Work

E-mail

**Treasurer** Class

Address

City State ZIP

Preferred Phone: Home, Cell, or Work

E-mail

**Committees and Board Members**Alumni Awards Recognition/Selection Membership and/or Fundraising

Program or Social Activity Coordinator Senior/Retired Alumni

Game-Watch Gathering Coordinator Young Alumni

**Community Service Chair**  Class

Address

City State ZIP

Preferred Phone: Home, Cell, or Work

E-mail

**Scholarship Chair**  Class

Address

City State ZIP

Preferred Phone: Home, Cell, or Work

E-mail

**Student Recruiting Chair** Class

Address

City State ZIP

Preferred Phone: Home, Cell, or Work

E-mail

*\*\*Must sign up with Alumni Recruitment Network*

**Publicity / Social Media**  Class

Address

City State ZIP

Preferred Phone: Home, Cell, or Work

E-mail

**Title/Position**

Name Class

Address

City State ZIP

Preferred Phone: Home, Cell, or Work

E-mail

**Title/Position**

Name Class

Address

City State ZIP

Preferred Phone: Home, Cell, or Work

E-mail

**Title/Position**

Name Class

Address

City State ZIP

Preferred Phone: Home, Cell, or Work

E-mail

**\*\*Chapter Scholarship Fund Primary Contact \*\*  
for Kristen Skinner, Stewardship Manager**

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

Preferred Phone: Home, Cell, or 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 or** *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.

Friday, December 13, 2024

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

Email – [mrichardson@alumni.msstate.edu](mailto:mrichardson@alumni.msstate.edu)

Fax – 662-325-8426

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