MISSISSIPPI STATE UNIVERSITY
ALUMNI ASSOCIATION

2026
CHAPTER VOLUNTEER LEADERSHIP TEAM

Please complete ALL information.

Chapter Name _____

President / Team Lead _____ Class _____

Address _____

City _____ State _____ ZIP _____

Cell Phone: _____

E-mail _____

Vice President _____ Class _____

Address _____

City _____ State _____ ZIP _____

Cell Phone: _____

E-mail _____

Secretary _____ Class _____

Address _____

City _____ State _____ ZIP _____

Cell Phone: _____

E-mail _____

Treasurer _____ Class _____

Address _____

City _____ State _____ ZIP _____

Cell Phone: _____

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_____

Cell Phone:_____

E-mail _____

Scholarship Chair _____ Class_____

Address _____

City_____ State_____ ZIP_____

Cell Phone:_____

E-mail _____

Student Recruiting Chair_____ Class_____

Address _____

City_____ State_____ ZIP_____

Cell Phone:_____

E-mail _____

***Must sign up with Alumni Recruitment Network*

Publicity / Social Media _____ Class_____

Address _____

City_____ State_____ ZIP_____

Cell Phone:_____

E-mail _____

Title/Position_____

Name_____Class_____

Address _____

City_____ State_____ZIP_____

Cell Phone:_____

E-mail _____

Title/Position_____

Name_____Class_____

Address _____

City_____ State_____ZIP_____

Cell Phone:_____

E-mail _____

Title/Position_____

Name_____Class_____

Address _____

City_____ State_____ZIP_____

Cell Phone:_____

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_____

Preferred method of daytime communication:
☐ Cell Phone ☐ Work Phone ☐ Home Phone ☐ Email

If not a listed officer above, provide contact information
E-mail & Phone _____

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 12, 2025
c/o Michael Richardson, Assistant Director for Regional and Volunteer Engagement
Email – mrichardson@alumni.msstate.edu
Fax – 662-325-8426
Mail – P.O. Box AA, Mississippi State, MS 39762