



ALUMNI ASSOCIATION

2027 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, Team Leads and Board Members

Community Service _____ **Class** _____

Address _____

City _____ State _____ ZIP _____

Cell Phone: _____

E-mail _____

Scholarship _____ **Class** _____

Address _____

City _____ State _____ ZIP _____

Cell Phone: _____

E-mail _____

Student Recruiting _____ **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 _____

Additional Options, but not limited to

Alumni Awards Recognition/Selection
Game-Watch Gathering
Golf Tournament / Tennis / Pickleball
Membership and/or Fundraising

Program or Social Activity
Send-off Party
Senior/Retired Alumni
Young Alumni

Position _____

Name _____ Class _____

Address _____

City _____ State _____ ZIP _____

Cell Phone: _____

E-mail _____

Position _____

Name _____ Class _____

Address _____

City _____ State _____ ZIP _____

Cell Phone: _____

E-mail _____

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.*

Facebook group/page: *Does Michael & Janet have admin access?* _____

Email address (and login/password): _____

Instagram (and login/password): _____

LinkedIn (and login/password): _____

Twitter (and login/password): _____

Google Drive: Do you have a chapter Google Drive? If so, have you shared access with Michael and Janet? _____

Please return this form to the MSU Alumni Association by

5:00 p.m.

Tuesday, December 15, 2026

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