



NCJLT Affiliate Officer Information Sheet

Please fill out this form and return it to the NCJLT office (Attention: Membership) whenever there is a change of officers' information. (P.O. Box 3719, Boulder, CO 80307-3719)

Name of Affiliate

President

Name _____ School _____

Mailing Address _____

e-mail address _____ Fax _____

Telephone (day time) _____ (evening) _____

Vice President

Name _____ School _____

Mailing Address _____

e-mail address _____ Fax _____

Telephone (day time) _____ (evening) _____

Treasurer

Name _____ School _____

Mailing Address _____

e-mail address _____ Fax _____

Telephone (day time) _____ (evening) _____

Secretary

Name _____ School _____

Mailing Address _____

e-mail address _____ Fax _____

Telephone (day time) _____ (evening) _____

Name _____ School _____

Mailing Address _____

e-mail address _____ Fax _____

Telephone (day time) _____ (evening) _____