



**AMERICAN CRIMINAL JUSTICE ASSOCIATION--LAMBDA ALPHA EPSILON**

**PO Box 189, Aubrey, Texas 76227**

**Telephone (940) 290-4636**

**e-mail: acjalae@aol.com**

**OFFICERS' ROSTER**

Please supply the following information, in duplicate, whenever (1) a new chapter is formed, (2) new officers are elected, (3) a vacancy is filled, or (4) reporting a change of address for a current officer. **AT LEAST TWO MAILINGS A YEAR GO OUT TO CHAPTER PRESIDENTS, SECRETARIES, AND ADVISORS OR RECORD. IT IS IMPORTANT THAT THE NATIONAL OFFICE HAS A CORRECT LIST OF CHAPTER OFFICERS AT ALL TIMES. ALL OFFICERS MUST BE PAID NATIONAL MEMBERS TO HOLD OFFICE. This form may be FAXED**

**Date** \_\_\_\_\_ **Region** \_\_\_\_\_

**Chapter** \_\_\_\_\_ **College/University** \_\_\_\_\_

**Chapter President's Name** \_\_\_\_\_ **Membership #** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Telephone (Cell)** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Chapter Vice-President's Name** \_\_\_\_\_ **Membership #** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Telephone (Cell)** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Chapter Secretary's Name** \_\_\_\_\_ **Membership #** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Telephone (Cell)** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Chapter Treasurer's Name** \_\_\_\_\_ **Membership #** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Telephone (Cell)** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Chapter Advisor's Name** \_\_\_\_\_ **Membership #** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Telephone (Cell)** \_\_\_\_\_ **Telephone (Business)** \_\_\_\_\_

**FAX Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

<input type="checkbox"/> Regional President
<input type="checkbox"/> File