

NAACP BRANCH OFFICER REPORT FORM

To be submitted by: January 30, 2011

To be filled out by: Branch President and/or Secretary

To be submitted to: **Rev. Gill Ford, National Director Unit Capacity**
 4805 Mt Hope Drive
 Baltimore, MD 21215
 Fax 410 358-1607
 Email: gford@naacpnet.org

UNIT MAILING INFORMATION			
Name of Unit			Unit Number
Branch Address		City/State/Zip	
Phone		Fax	
Cell		Other	
Email		Website	

PRESIDENT INFORMATION			
Name			
Address		City/State/Zip	
Phone		Fax	
Cell		Other	
Email		Website	

SECRETARY INFORMATION			
Name			
Address		City/State/Zip	
Phone		Fax	
Cell		Other	
Email		Website	

TREASURER INFORMATION			
Name			

Address	City/State/Zip ,
Phone	Fax
Cell	Other
Email	Website

MEMBERSHIP CHAIR COMMITTEE INFORMATION

Name	
Address	City/State/Zip ,
Phone	Fax
Cell	Other
Email	Website

EDUCATION CHAIR COMMITTEE INFORMATION

Name	
Address	City/State/Zip ,
Phone	Fax
Cell	Other
Email	Website

HEALTH CHAIR COMMITTEE INFORMATION

Name	
Address	City/State/Zip ,
Phone	Fax
Cell	Other
Email	Website

LEGAL REDRESS CHAIR INFORMATION

Name	
Address	City/State/Zip ,
Phone	Fax

Cell	Other
Email	Website

POLITICAL ACTION CHAIR INFORMATION

Name	
Address	City/State/Zip ,
Phone	Fax
Cell	Other
Email	Website

YOUNG ADULT CHAIR INFORMATION

Name	
Address	City/State/Zip ,
Phone	Fax
Cell	Other
Email	Website

YOUTH WORK INFORMATION

Name	
Address	City/State/Zip ,
Phone	Fax
Cell	Other
Email	Website

ARMED SERVICES & VETERANS AFFAIRS INFORMATION

Name	
Address	City/State/Zip ,
Phone	Fax
Cell	Other
Email	Website

ACT-SO INFORMATION	
Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website

WOMEN IN NAACP (WIN) INFORMATION	
Name	
Address	City/State/Zip
Phone	Fax
Cell	Other
Email	Website