Local Officers & Chairs 2026-2028

Local: _____

Please complete *all pages* of this form and *mail by July 1, 2026,* to:
NCRSP Attn: Local Officers & Chairs
3700 Glenwood Ave., Ste. 510
Raleigh, NC 27612

Alternatively, you may submit this information via email to *info@ncrsp.org* or. *If an officer does not have email, please give the email address of someone who does and who agrees to relay important messages.*

President _____
(Last) (First) (Middle)

Address _____

City _____ Zip Code _____

Telephone: (_____) _____ Email Address _____

Check this box if an alternate email address is used: ✈

Vice President _____
(Last) (First) (Middle)

Address _____

City _____ Zip Code _____

Telephone: (_____) _____ Email Address _____

Check this box if an alternate email address is used: ✈

Secretary _____
(Last) (First) (Middle)

Address _____

City _____ Zip Code _____

Telephone: (_____) _____ Email Address _____

Check this box if an alternate email address is used: ✈

Treasurer _____
(Last) (First) (Middle)

Address _____

City _____ Zip Code _____

Telephone: (_____) _____ Email Address _____

Check this box if an alternate email address is used: ✈

Committee Chairs

Community Service

Chair: _____

Address: _____

Phone No: ( ) _____ Email Address: _____

Quality of Life

Chair: _____

Address: _____

Phone No: ( ) _____ Email Address: _____

Legislative

Chair: _____

Address: _____

Phone No: ( )_____ Email Address: _____

Membership

Chair:_____

Address:_____

Phone No: ( )_____ Email Address:_____

Memorials

Chair:_____

Address:_____

Phone No: ( ) _____ Email Address: _____

Communications/Media

Chair:_____

Address:_____

Phone No: ( )_____ Email Address:_____

Member Benefits Ambassador

Chair:_____

Address:_____

Phone No: ( )_____ Email Address:_____

Other Officers and Chairs

Please list any other officers or committee chairs not given above:

Name of Office or Committee _____

Chair or Officer: _____

Address: _____

Phone No: (___) _____ Email Address: _____

Name of Office or Committee _____

Chair or Officer: _____

Address: _____

Phone No: (___) _____ Email Address: _____

Name of Office or Committee _____

Chair or Officer: _____

Address: _____

Phone No: (____) _____ Email Address: _____

Name of Office or Committee _____

Chair or Officer: _____

Address: _____

Phone No: (____) _____ Email Address: _____

Name of Office or Committee _____

Chair or Officer: _____

Address: _____

Phone No: (____) _____ Email Address: _____

Form submitted by: _____ Date (*mm/dd/yyyy*): __/____ /____

Email or other contact information: _____