

## Chapter Contact/Information Form

Thank you for taking the time to update your contact information. This will allow the national SAA and your region representative to stay connected with you over the course of the next year. To maintain the lines of communication, it is important we receive the contact information for your chapter's President and at least one additional officer. The additional officer(s) you list can be anyone who serves on your chapter's Board of Directors. The persons indicated in the officer(s) spot will receive the same information the President receives.

University Name:

Date of Officer Elections:

Board Term Begins:

Board Term Ends:

Office	Officer's Name	Officer's Email	Officer's Phone
President	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Officer 1	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Officer 2	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Other Contact	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Chapter Email	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Faculty Advisor:

Faculty Advisor's Email:

Co-Advisor:

Co-Advisor's Email:

As the SAA Chapter President or Officer, I/we understand that my/our email address(es) will be available to the American Academy of Audiology Board of Directors and staff, the Student Academy of Audiology Board of Directors, and the SAA Advisory Committee. Check the box below to opt-in and share your contact information within your region.

Yes! Please share my/our contact information with other SAA members in my region.

President's Signature:

Officer's Signature (if applicable):

Date: