



CHAPTER OFFICER LISTING

FOR THE TEXAS EXES _____ CHAPTER

COVERING THE PERIOD OF JULY 1, _____ - JUNE 30, _____

Chapter President, please read and sign:

I confirm that these persons are members of The Texas Exes, as required by Association Bylaws, and that the addresses below are correct to the best of my knowledge.

President

NOTE: The following are suggested officers or committees. Only the positions marked with an “*” are required; job descriptions are posted online [here](#) (on the Texas Exes website). Please list all chapter officers, as well as committee chairs (make copies of last page if necessary.) The chapter should keep a copy and update the Association as changes occur. In order to diversify fiduciary responsibilities, the **president and treasurer cannot be the same person.**

* **President:** _____

UT EID: _____ AND/OR

Full Legal Name: _____

Membership: ___ Annual ___ Life ___ Associate Life

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (work) _____ (home) _____

Preferred E-Mail Address: _____

* **President-Elect:** _____

UT EID: _____ AND/OR

Full Legal Name: _____

Membership: ___ Annual ___ Life ___ Associate Life

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (work) _____ (home) _____

Preferred E-Mail Address: _____

* **Treasurer:** _____

UT EID: _____ AND/OR

Full Legal Name: _____

Membership: ___ Annual ___ Life ___ Associate Life

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (work) _____ (home) _____

Preferred E-Mail Address: _____

* **Membership/ Involvement Chairperson:** _____

UT EID: _____ AND/OR

Full Legal Name: _____

Membership: ___ Annual ___ Life ___ Associate Life

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (work) _____ (home) _____

Preferred E-Mail Address: _____

Secretary: _____

UT EID: _____ AND/OR

Full Legal Name: _____

Membership: ___ Annual ___ Life ___ Associate Life

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (work) _____ (home) _____

Preferred E-Mail Address: _____

Scholarship Chairperson:

UT EID: _____ AND/OR

Full Legal Name: _____

Membership: ___ Annual ___ Life ___ Associate Life

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (work) _____ (home) _____

Preferred E-Mail Address: _____

Communications Chairperson: _____

UT EID: _____ AND/OR

Full Legal Name: _____

Membership: ___ Annual ___ Life ___ Associate Life

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (work) _____ (home) _____

Preferred E-Mail Address: _____

UT Advocates Chairperson: _____

UT EID: _____ AND/OR

Full Legal Name: _____

Membership: ___ Annual ___ Life ___ Associate Life

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (work) _____ (home) _____

Preferred E-Mail Address: _____

Texas Exes Business Network Chairperson: _____

UT EID: _____ AND/OR

Full Legal Name: _____

Membership: ___ Annual ___ Life ___ Associate Life

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (work) _____ (home) _____

Preferred E-Mail Address: _____

Student Recruiting Chairperson (Exes for Texas): _____

UT EID: _____ AND/OR

Full Legal Name: _____

Membership: ___ Annual ___ Life ___ Associate Life

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (work) _____ (home) _____

Preferred E-Mail Address: _____

Community Service Chair: _____

UT EID: _____ AND/OR

Full Legal Name: _____

Membership: ___ Annual ___ Life ___ Associate Life

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (work) _____ (home) _____

Preferred E-Mail Address: _____

Webmaster: _____

UT EID: _____ AND/OR

Full Legal Name: _____

Membership: ___ Annual ___ Life ___ Associate Life

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (work) _____ (home) _____

Preferred E-Mail Address: _____

Texas Independence Day Celebration/Social Events Chairperson:

UT EID: _____ AND/OR

Full Legal Name: _____

Membership: ___ Annual ___ Life ___ Associate Life

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (work) _____ (home) _____

Preferred E-Mail Address: _____

Other Officers:

Name: _____

Position: _____

UT EID: _____ AND/OR

Full Legal Name: _____

Membership: ___ Annual ___ Life ___ Associate Life

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (work) _____ (home) _____

Preferred E-Mail Address: _____

Name: _____

Position: _____

UT EID: _____ AND/OR

Full Legal Name: _____

Membership: ___ Annual ___ Life ___ Associate Life

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (work) _____ (home) _____

Preferred E-Mail Address: _____

Name: _____

Position: _____

UT EID: _____ AND/OR

Full Legal Name: _____

Membership: ☐ Annual ☐ Life ☐ Associate Life

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (work) _____ (home) _____

Preferred E-Mail Address: _____

Name:

Position: _____

UT EID: _____ AND/OR

Full Legal Name: _____

Membership: ☐ Annual ☐ Life ☐ Associate Life

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (work) _____ (home) _____

Preferred E-Mail Address: _____

Name: _____

Position: _____

UT EID: _____ AND/OR

Full Legal Name: _____

Membership: ___ Annual ___ Life ___ Associate Life

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (work) _____ (home) _____

Preferred E-Mail Address: _____

Name: _____

Position: _____

UT EID: _____ AND/OR

Full Legal Name: _____

Membership: ___ Annual ___ Life ___ Associate Life

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Preferred E-Mail Address: _____