

COLORADO STATE COUNCIL

**CHAPTER/COUNCIL OFFICER CHANGE FORM**

PLEASE NOTE! IT IS VITAL THAT THIS FORM BE SENT AS SOON AS CHAPTER ELECTIONS HAVE TAKEN PLACE TO ENSURE THAT INFORMATION IS CURRENT FOR THE COMING YEAR.

## SEND FORM TO: President President

 **ESA Colorado State Council Area Council**

**NOTE:**

* **ESA HQ mails the Chapter rosters quarterly to the Chapter Presidents (eff April 2024).**
* **Chapter rosters are available on line to both the Chapter President and Treasurer at** [**www.epsilonsigmaalpha.org**](http://www.epsilonsigmaalpha.org) **under your account, My Custom Reports.**
* **Roster changes may be made on line under the Member Center, Chapter/Council Management, Chapter and State Officer Changes.**

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| **Chapter Name** | **Chapter Number** | **Chapter City** |

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| **Chapter President** |
| **Address** |
| **City, State, ZIP Code** |
| **Telephone** | **Cell Phone** | **E-Mail Address** |

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| **Chapter Vice President** |
| **Address** |
| **City, State, ZIP Code** |
| **Telephone** | **Cell Phone** | **E-Mail Address** |

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| **Chapter Recording Secretary** |
| **Address** |
| **City, State, ZIP Code** |
| **Telephone** | **Cell Phone** | **E-Mail Address** |

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| **Chapter Corresponding Secretary** |
| **Address** |
| **City, State, ZIP Code** |
| **Telephone** | **Cell Phone** | **E-Mail Address** |

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| **Chapter Treasurer** |
| **Address** |
| **City, State, ZIP Code** |
| **Telephone** | **Cell Phone** | **E-Mail Address** |

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| **Chapter Parliamentarian** |
| **Address** |
| **City, State, ZIP Code** |
| **Telephone** | **Cell Phone** | **E-Mail Address** |