



ASSOCIATION OF BLACK PSYCHOLOGISTS, INC.

7119 ALLENTOWN ROAD, SUITE 203
FT. WASHINGTON, MD 20744
TEL: 301-449-3082 FAX: 301-449-3084

2019 CHAPTER CHARTER RENEWAL FORM

Chapter Name: _____

Chapter Address: _____

City: _____ State: _____ Zip: _____

Chapter Phone Number: _____

Chapter Web Address: _____ Chapter Email: _____

Federal Tax I.D. Number _____ (required for professional and non-university affiliated student chapters).

- Does your Chapter have 501c3 status? () Yes () No If yes, please attach copy of certificate.
- Should correspondence from the National Office be sent to the President or to the chapter's mailing address and email address above? () Chapter Address () President () Both

President's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail: _____

Meeting Information

Meeting Day and Time _____ (Example: First Friday of each month)

Meeting Address _____

City _____ State _____ Zip _____

Please List Chapter Programs and Activities:

Please confirm that your chapter has the following: () Federal Tax I.D. Number () Chapter bylaws *If no, please work on obtaining/developing these items immediately and submit to the National Office within 60 days.

Submission Checklist:

- ✓ Include annual dues payment with this form: \$100 professional chapters & \$75 student chapters
- ✓ Confirm that all Chapter Officers have paid national membership dues
- ✓ Include Chapter Officer Information Form

NATIONAL OFFICE USE ONLY

Date Received _____ Dues Payment Enclosed _____



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2019 CHAPTER OFFICER INFORMATION FORM

(Please submit to the National Office within 2 Weeks of Chapter Elections)

Chapter Name: _____

Chapter Address: _____

City: _____ **State:** _____ **Zip:** _____

Chapter Phone Number: _____ **Chapter Email:** _____

President's

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **E-Mail:** _____

Vice President's

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **E-Mail:** _____

Secretary's

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **E-Mail:** _____

Treasurer's

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **E-Mail:** _____

***Submitting this Form does not Constitute Chapter Renewal. The Chapter Charter Renewal form and Annual Dues payment must be submitted no later than March 1, 2019.**