



ASSOCIATION OF BLACK PSYCHOLOGISTS, INC.

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

2016 CHAPTER CHARTER RENEWAL FORM

ChapterName: _____

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).

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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2016 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, 2016.**