



# 2025 CHAPTER VOLUNTEER LEADERSHIP TEAM

ALUMNI ASSOCIATION

**\*\*Please complete ALL information.\*\***

**Chapter Name** \_\_\_\_\_

**President / Team Lead** \_\_\_\_\_ **Class** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Phone (Home, Cell, Work) \_\_\_\_\_

E-mail \_\_\_\_\_

**Vice President** \_\_\_\_\_ **Class** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Phone: Home, Cell, or Work \_\_\_\_\_

E-mail \_\_\_\_\_

**Secretary** \_\_\_\_\_ **Class** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Phone: Home, Cell, or Work \_\_\_\_\_

E-mail \_\_\_\_\_

**Treasurer** \_\_\_\_\_ **Class** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Phone: Home, Cell, or Work \_\_\_\_\_

E-mail \_\_\_\_\_

**Committees and Board Members**

Alumni Awards Recognition/Selection  
Program or Social Activity Coordinator  
Game-Watch Gathering Coordinator

Membership and/or Fundraising  
Senior/Retired Alumni  
Young Alumni

**Community Service Chair** \_\_\_\_\_ Class \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Phone: Home, Cell, or Work \_\_\_\_\_

E-mail \_\_\_\_\_

**Scholarship Chair** \_\_\_\_\_ Class \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Phone: Home, Cell, or Work \_\_\_\_\_

E-mail \_\_\_\_\_

**Student Recruiting Chair** \_\_\_\_\_ Class \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Phone: Home, Cell, or Work \_\_\_\_\_

E-mail \_\_\_\_\_

*\*\*Must sign up with Alumni Recruitment Network*

**Publicity / Social Media** \_\_\_\_\_ Class \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Phone: Home, Cell, or Work \_\_\_\_\_

E-mail \_\_\_\_\_

**Title/Position** \_\_\_\_\_

Name \_\_\_\_\_ Class \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Phone: Home, Cell, or Work \_\_\_\_\_

E-mail \_\_\_\_\_

**Title/Position** \_\_\_\_\_

Name \_\_\_\_\_ Class \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Phone: Home, Cell, or Work \_\_\_\_\_

E-mail \_\_\_\_\_

**Title/Position** \_\_\_\_\_

Name \_\_\_\_\_ Class \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Phone: Home, Cell, or Work \_\_\_\_\_

E-mail \_\_\_\_\_

**\*\*Chapter Scholarship Fund Primary Contact \*\***

**for Kristen Skinner, Stewardship Manager**

If you have a scholarship through the MSU Foundation, we **MUST** have a primary contact person **for all communication, fund balance reports, thank you letters, etc.**

Name \_\_\_\_\_ Class \_\_\_\_\_

Preferred Phone: Home, Cell, or Work \_\_\_\_\_

E-mail \_\_\_\_\_

Preferred method of daytime communication:

- Cell Phone       Work Phone       Home Phone       Email

**Does this chapter have a primary/preferred mailing address separate from any officer's mailing address?** If yes, please provide this information.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Chapter Contact Info & Social Media**

*So that we don't lose access information through volunteer changes,*

**PLEASE PROVIDE ALL LOGIN INFO** or *Make sure our staff have admin access to your Facebook groups and pages.*

Email address (and login/password): \_\_\_\_\_

\_\_\_\_\_

Facebook group/page name: \_\_\_\_\_

Twitter (and login/password): \_\_\_\_\_

\_\_\_\_\_

Instagram (and login/password): \_\_\_\_\_

\_\_\_\_\_

LinkedIn (and login/password): \_\_\_\_\_

**Please return this form to the MSU Alumni Association by**

**5:00 p.m.**

**Friday, December 13, 2024**

**c/o Michael Richardson, Assistant Director for Regional and Volunteer Engagement**

**Email – [mrichardson@alumni.msstate.edu](mailto:mrichardson@alumni.msstate.edu)**

**Fax – 662-325-8426**

**Mail – P.O. Box AA, Mississippi State, MS 39762**