



PLEASE NOTE THAT THE PRESIDENT/CHAIRPERSON MUST BE
A MEMBER OF THE AMS

CHAPTER DIRECTORY INFORMATION

Chapter Name: _____

Date Founded: _____

Last Election: _____

President: _____

Telephone: _____

Fax: _____

E-Mail Address: _____

Vice President: _____

Telephone: _____

E-Mail Address: _____

Treasurer: _____

Telephone: _____

E-Mail Address: _____

Secretary: _____

Telephone: _____

E-Mail Address: _____

Preferred chapter mailing address and contact name for ALL correspondence:

Name: _____

City, State, Zip: _____

Telephone: _____

E-Mail Address: _____

Web Site Address: _____

Are you a Student Chapter? yes no

If yes, please provide the name, phone number, and e-mail address of your faculty advisor (required).

Is your chapter active or inactive? _____

If inactive, when was your last election? _____

Date Completed: _____

Signed: _____

Please return this form to: Kelly S. Garvey, AMS, 45 Beacon St., Boston, MA 02108-3693;
kgarvey@ametsoc.org