

2026-2027 Chapter Information

CHAPTER # _____ AREA# _____

AREA DIRECTOR: _____

CHAPTER PRESIDENT: _____

We need each of our chapters to complete and return this information packet each year even if the information has not changed from previous years. To ensure receipt by the Chapter, the packet is being sent to CHAPTER PRESIDENTS, SECRETARY & TREASURERS whenever possible; however, only one copy should be returned to RPEA.

Chapter Reports: List your chapter's monthly membership report recipients. These reports are sent from Headquarters and provide updated chapter membership information for the month. **NOTE:** *Individuals named as report recipients at the last update, but not identified as such on this update, will no longer receive reports.*

(Please Type or Print Clearly)

Name: _____

Mailing Address	City	Zip	E-Mail
-----------------	------	-----	--------

Name: _____

Mailing Address	City	Zip	E-Mail
-----------------	------	-----	--------

Name: _____

Mailing Address	City	Zip	E-Mail
-----------------	------	-----	--------

Chapter Meetings: Please list the location, date, time and schedule of your chapter meetings. This schedule will be listed in the RPEA Roster.

Where: _____

Address: _____

City: _____

State: _____

Zip: _____

Meeting Dates: _____

Time: _____

Return completed packet to RPEA Headquarters by August 15, 2026.

Chapter Labels: Headquarters supplies free sets of labels to chapters for mailings. Please list the person to receive these labels, your preferred sort order (**alpha** or **zip**) and the dates your chapter would like to receive them.

2026-2027 Chapter Officers

(Please print or type information requested)

CHAPTER # _____ AREA# _____
AREA DIRECTOR: _____
CHAPTER PRESIDENT: _____

We need each of our chapters to complete and return this information packet every year even if the information has not changed from previous years. To ensure receipt by the Chapter, the packet is being sent to CHAPTER PRESIDENTS, SECRETARY & TREASURERS whenever possible; however, only one copy should be returned to RPEA.

RPEA will purchase a name badge for all new officers holding one of the standards, tracked RPEA offices as listed on this form or for those officers that have changed to a new listed officer position. If you hold more than one title, indicate the title you would like on your name badge. Only one name badge with one title will be distributed.

STANDARD RPEA CHAPTER OFFICERS

President: _____

Street City Zip
() - () -
Day Number Fax Number

E-mail Address

☐ Badge needed ☐ NO Badge needed ☐ I have multiple titles. Use this one for my badge.
☐ Magnetic ☐ Pocket Style ☐ Slip-On ☐ Pin On ☐ Swivel Clip

Vice President: _____

Street City Zip
() - () -
Day Number Fax Number

E-mail Address

☐ Badge needed ☐ NO Badge needed ☐ I have multiple titles. Use this one for my badge.
☐ Magnetic ☐ Pocket Style ☐ Slip-On ☐ Pin On ☐ Swivel Clip

Secretary: _____

Street City Zip

() -
Day Number Fax Number

E-mail Address

☐ Badge needed ☐ NO Badge needed ☐ I have multiple titles. Use this one for my badge.

☐ Magnetic ☐ Pocket Style ☐ Slip-On ☐ Pin On ☐ Swivel Clip

Treasurer: _____

Street City Zip

() -
Day Number Fax Number

E-mail Address

☐ Badge needed ☐ NO Badge needed ☐ I have multiple titles. Use this one for my badge.

☐ Magnetic ☐ Pocket Style ☐ Slip-On ☐ Pin On ☐ Swivel Clip

Newsletter Editor: _____

Street City Zip

() -
Day Number Fax Number

E-mail Address

☐ Badge needed ☐ NO Badge needed ☐ I have multiple titles. Use this one for my badge.

☐ Magnetic ☐ Pocket Style ☐ Slip-On ☐ Pin On ☐ Swivel Clip

Health Benefits Chairperson: _____

Street City Zip
() - () -
Day Number Fax Number

E-mail Address

☐ Badge needed ☐ NO Badge needed ☐ I have multiple titles. Use this one for my badge.
☐ Magnetic ☐ Pocket Style ☐ Slip-On ☐ Pin On ☐ Swivel Clip

Legislative Chairperson: _____

Street City Zip
() - () -
Day Number Fax Number

E-mail Address

☐ Badge needed ☐ NO Badge needed ☐ I have multiple titles. Use this one for my badge.
☐ Magnetic ☐ Pocket Style ☐ Slip-On ☐ Pin On ☐ Swivel Clip

Membership Chairperson: _____

Street City Zip
() - () -
Day Number Fax Number

E-mail Address

☐ Badge needed ☐ NO Badge needed ☐ I have multiple titles. Use this one for my badge.
☐ Magnetic ☐ Pocket Style ☐ Slip-On ☐ Pin On ☐ Swivel Clip

Sunshine Chairperson: _____

Street City Zip
() - () -
Day Number Fax Number

E-mail Address

☐ Badge needed ☐ NO Badge needed ☐ I have multiple titles. Use this one for my badge.
☐ Magnetic ☐ Pocket Style ☐ Slip-On ☐ Pin On ☐ Swivel Clip

Telephone Tree Chairperson: _____

Street City Zip
() - () -
Day Number Fax Number

E-mail Address

☐ Badge needed ☐ NO Badge needed ☐ I have multiple titles. Use this one for my badge.
☐ Magnetic ☐ Pocket Style ☐ Slip-On ☐ Pin On ☐ Swivel Clip

How often do your officer elections take place?

How long are your officers' terms of service?

When did your most recently completed elections take place?

Headquarters will use this information to prepare an RPEA Roster of Officers. Each officer listed above will receive a roster. Although some of the chapters have more positions within the chapter, only the above listed titles will be included in the RPEA Roster of Officers. Thank you for your assistance in getting this information to Headquarters by **August 15, 2026**.

Reviewed and approved by: _____, President Date _____