

National Alumnae Association of Spelman College

DECLARATION OF INTENT TO REORGANIZE A CHAPTER: FORM A1*

Directions: Complete the following form. Email the signed form to your Regional Coordinator and the NAASC Administrative Assistant (admin@naasc.org). Be sure to retain copies for your Chapter Records.

Date: _____
Name of City, Town, or Area: _____
State: _____

Active Alumnae desirous of reorganizing a chapter: (A minimum of seven [7] names are required)

(Please Print Your Name and Include Class Year, Home Phone, and E-mail Address)

	First Name	Last Name	Class Year	Email Address	Phone Number
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____
21.	_____	_____	_____	_____	_____
22.	_____	_____	_____	_____	_____
23.	_____	_____	_____	_____	_____

