

NEW OFFICER INFORMATION AND UPDATED OFFICER NOTIFICATION FORM

Mail copies to:

NAPS Headquarters

Area Vice President

State Branch President

☐

New Officer

☐

Current Officer

☐

Delete – No Longer Holds This Office

Date

Branch Number and Name/State

Full Social Security # (Required)

Branch Officer Title

Name of New/Current Officer

Who is this officer replacing?

Mailing Address (for branch
correspondence)

City, State, ZIP+4

Home Phone Number

Office Phone Number

Cell Phone Number

Email Address

Nickname

☐

Check here if this is the branch officer who is designated to receive the monthly e-DCO Membership Report. This officer may then forward the e-DCO to other branch officers as needed.

**ORIGINAL FORM
MAKE A COPY BEFORE USING**

PLEASE KEEP CURRENT. The Branch Officer Profile is not updated by changes to your NAPS Member Profile.