



**Blacks In Government**  
**P.O. Box 2931**  
**Washington, DC 20013-02931**  
**Region XI Comprehensive Chapter Status Form (Form 4)**

**INSTRUCTIONS:** Please complete this form in its' entirety. Return completed form with required signatures via email to **Region XI** mailbox at [giftedregion@gmail.com](mailto:giftedregion@gmail.com), and email to **LaShan Haynes**, RXI Recording Secretary at [lhaynesdc@verizon.net](mailto:lhaynesdc@verizon.net) or deliver in person at the council meeting.

OFFICIAL  
CHAPTER NAME:

CHAPTER  
MAILING  
ADDRESS:

CHAPTER EMAIL  
ADDRESS:

Does your Chapter  
have a website?

YES

NO

If YES, web address:

AGENCY NAME:

AGENCY TYPE:

Federal

State

Local

Other

**CHAPTER OFFICERS (Elected positions only).** Please include *Name; Member ID; Term, Telephone, and E-mail address:*

**PRESIDENT:\***

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member ID: \_\_\_\_\_ Term: \_\_\_\_\_

**VICE PRESIDENT:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member ID: \_\_\_\_\_ Term: \_\_\_\_\_

**1st VICE PRESIDENT:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member ID: \_\_\_\_\_ Term: \_\_\_\_\_

**2nd VICE PRESIDENT:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member ID: \_\_\_\_\_ Term: \_\_\_\_\_

**RECORDING SECRETARY:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member ID: \_\_\_\_\_ Term: \_\_\_\_\_

**CORRESPONDING SECRETARY:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member ID: \_\_\_\_\_ Term: \_\_\_\_\_

**TREASURER:\***

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member ID: \_\_\_\_\_ Term: \_\_\_\_\_

**ASST. TREASURER/  
FINANCIAL SECRETARY**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member ID: \_\_\_\_\_ Term: \_\_\_\_\_

**PRIMARY REGIONAL REPRESENTATIVES (Maximum of 3).** *Please include the **Name; Member ID, Telephone, and E-mail address:***

**Primary Regional Rep 1:\*** Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member ID: \_\_\_\_\_ Term: \_\_\_\_\_

**Primary Regional Rep 2:** Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member ID: \_\_\_\_\_ Term: \_\_\_\_\_

**Primary Regional Rep 3:** Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member ID: \_\_\_\_\_ Term: \_\_\_\_\_

**ALTERNATE REGIONAL REPRESENTATIVES (List names and contact info only. If more than 3 attach a separate sheet):**

NAME	PHONE	EMAIL ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CHAPTER MEETINGS (Please check only one):**

- Monthly
  Bi-Monthly
  Quarterly
  Other

**DAY OF THE WEEK**

\_\_\_\_\_

*(every 3rd Thursday,  
@ 12 noon):*

LOCATION:

ESCORT  
REQUIRED?

YES

NO

CHAPTER ELECTION  
HELD (Month):

CHAPTER INSTALLATION HELD (Month):

Does your Chapter  
have a Newsletter?

YES

NO

If YES, how often is it  
published?

**REQUIRED SIGNATURES:**

Chapter President  
(Typed):

Chapter President (Signed):\*

\_\_\_\_\_

Date:

Chapter Secretary  
(Typed):

Chapter Secretary (Signed):\*

\_\_\_\_\_

Date:

Revised 1/19

\* - Denotes required field

**FOR RXI Executive Committee Use Only**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_