



# CHAPTER OR GROUP INFORMATION UPDATE

FULL GOSEPL BUSINESS MENS FELLOWSHIP INTERNATIONAL

## OFFICIAL MAILING ADDRESS

**\* PLEASE PRINT CLEARLY\***

Chapter Name: \_\_\_\_\_ Chapter # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Chapter Email: \_\_\_\_\_

## OFFICER'S CONTACT INFORMATION

President's Name: \_\_\_\_\_

President's Email: \_\_\_\_\_

Vice-President's Name: \_\_\_\_\_

Vice-President's Email: \_\_\_\_\_

Secretary's Name: \_\_\_\_\_

Secretary's Email: \_\_\_\_\_

Treasurer's Name: \_\_\_\_\_

Treasurer's Email: \_\_\_\_\_

## PRIMARY MEETING PLACE

Meeting Place Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Day of Meeting:  Sun  Mon  Tue  Wed  Thur  Fri  Sat

Frequency of Meeting:  1st  2nd  3rd  4th  Every Week

Meeting Time: \_\_\_\_\_  AM  PM

Prepared by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Chapter Officer—Please Print*

Send To: **FGBMFI, PO Box 19714, Irvine, CA 92623 Phone: +1 949-461-0100 Fax: +1 949-609-0344**

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