

Member Biographical Data Sheet (Periodically it will be returned to you for updating.)

Chapter:	State/Province:	
Address: Phone: (Home): E-mail:	(Work):	(Fax):
Someone who can always reach you:		
Name:	Relationship:	
Address: Phone: (Home):	(Work):	(Fax):
Education:		
Professional Positions:		
Community Service:		
Honors:		
Publications:		
Committees and Offices/Bienniums: Chapter		
State		
International		

Please return this form to your chapter Membership Committee chairman.