



Livingstone College
National Alumni Association
Chapter Assessment Form

IT'S TIME TO TAKE ACTION NOW TO RENEW YOUR CHAPTER.
YOUR REGULAR MEMBERSHIP DUES PAID FOR THE FISCAL YEAR RUNS OUT
EVERY JUNE 30TH OF EACH YEAR.

DATE _____
CHAPTER NAME: _____
PRESIDENT: _____
MAILING ADDRESS _____
CITY _____
STATE _____ ZIP _____
PHONE _____
E-MAIL _____

- () \$100/ANNUAL CHAPTER ASSESSMENT FEE
- () LIST OF ALL CHAPTER MEMBERS WITH DUES OR LIFE MEMBER STATUS*
 - 5 or more National Paid Members.
 - Must submit all the required documents to the Financial Secretary Annually.
- () SLATED LIST OF OFFICERS*
- () LIST OF MEETING TIME AND LOCATION*
- () LIST OF THE CHAPTER'S ANNUAL EVENTS*

*(*Please submit ALL attachments on a separate sheet)*

TOTAL ENCLOSED: \$ _____ (Please Itemize Check Total)

Make check payable to: LCNAA Chapter Assessment

Mail to: Jackie Thompson-Matthews, *LCNAA Financial Secretary*
P.O. Box 1254
Kinston, NC 28503
252-904-0862
jtm.princess@gmail.com