



Livingstone College
National Alumni Association
Establishing a New Chapter

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*
- () ESTABLISH A US POSTAL PO BOX FOR THE CHAPTER*
- () LIST OF THE CHAPTER'S ANNUAL EVENTS*
- () CONTACT THE LCNAA TO SET UP A BANK ACCOUNT & TAX ID#

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

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

Make check payable to: LCNAA

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