

**Blacks In Government National Membership Governance Form**

Instructions: Please complete this form in its entirety. This form needs to be submitted and/or updated after all Regional/Chapter elections, or Membership Chair Appointment. Return completed form via email for processing to the National Membership Chair at [bigmembershipchair@gmail.com](mailto:bigmembershipchair@gmail.com) and Impexium Liaison at [wwyparker19@aol.com](mailto:wwyparker19@aol.com).

**CHAPTER NAME:**

**CHAPTER MAILING ADDRESS:**

**AGENCY NAME:**

**AGENCY TYPE (Federal, State, Local, or Other):**

**CHAPTER OFFICERS (Only need President and Membership Chair)**

**President’s Name:**

**Phone Number:**

**Email Address:**

**Member Number/Expiration Date:**

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**Membership Chair’s Name:**

**Phone Number:**

**Email Address:**

**Member Number/Expiration Date:**

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