



## C.O.P.S. CHAPTER OFFICER ROSTER FORM

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The attached form shall be completed by the chapter Board after elections and/or every time there is a change in chapter officer positions. This form shall be completed within 30 days of the election or change in positions. Signed copies of the "C.O.P.S. Confidentiality & Nominee Pledge Information Policy" for each elected or appointed officer shall be attached to this form. A copy of the minutes of the meeting where these officer changes took place shall also be attached.

The National C.O.P.S. office will release survivor information to chapters only after copies of both reports ("C.O.P.S. Chapter Officer Roster Form" and "C.O.P.S. Confidentiality & Nominee Pledge Information Policy") have been received by the National Office.

NOTE: On the last page of the "C.O.P.S. Chapter Officer Roster Form", the name and address of the chapter's official contact for the National C.O.P.S. website and publications is required. This is the only person listed in National's publications as the main contact for the chapter. The chapter should ensure the person given this responsibility will handle inquiries and requests in a timely manner and will then keep the chapter Board and members advised of information received and inquires handled.

Please email to the National Chapter Liaison at [nationalchapterliaison@nationalcops.org](mailto:nationalchapterliaison@nationalcops.org) or mail to National C.O.P.S., PO Box 3199, Camdenton, MO 65020.

Make sure you keep a copy for your chapter.



# C.O.P.S. CHAPTER OFFICER ROSTER FORM

*This report and its attachments must be sent to the National C.O.P.S. Office within 30 days of chapter elections and every time an officer position changes.*

## Chapter of C.O.P.S.

### Terms for this Chapter are

#### **President**

Name	Conf. & Nom. Form Attached?	Y	N
Address	Election or Appointment Date		
City, State & Zip	Term Year		
Phone Number	How many years has this officer served in this position?		
E-Mail Address			
Fallen Officer Name & EOW			

#### **Chapter Director (if applicable)**

Name	Conf. & Nom. Form Attached?	Y	N
Address	Election or Appointment Date		
City, State & Zip	Term Year		
Phone Number	How many years has this officer served in this position?		
E-Mail Address			
Fallen Officer Name & EOW			

#### **Vice President**

Name	Conf. & Nom. Form Attached?	Y	N
Address	Election or Appointment Date		
City, State & Zip	Term Year		
Phone Number	How many years has this officer served in this position?		
E-Mail Address			
Fallen Officer Name & EOW			

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## **Secretary**

Name	Conf. & Nom. Form Attached?	Y	N
Address	Election or Appointment Date		
City, State & Zip	Term Year		
Phone Number	How many years has this officer served in this position?		
E-Mail Address			
Fallen Officer Name & EOW			

## **Treasurer**

Name	Conf. & Nom. Form Attached?	Y	N
Address	Election or Appointment Date		
City, State & Zip	Term Year		
Phone Number	How many years has this officer served in this position?		
E-Mail Address			
Fallen Officer Name & EOW			

## **Trustee**

Name	Conf. & Nom. Form Attached?	Y	N
Address	Election or Appointment Date		
City, State & Zip	Term Year		
Phone Number	How many years has this officer served in this position?		
E-Mail Address			
Fallen Officer Name & EOW			

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## **Trustee**

Name	Conf. & Nom. Form Attached? Y N
Address	Election or Appointment Date
City, State & Zip	Term Year
Phone Number	How many years has this officer served in this position?
E-Mail Address	
Fallen Officer Name & EOW	

## **Trustee**

Name	Conf. & Nom. Form Attached? Y N
Address	Election or Appointment Date
City, State & Zip	Term Year
Phone Number	How many years has this officer served in this position?
E-Mail Address	
Fallen Officer Name & EOW	

## **Other Officer(s) Not Listed (advisory committee members should be listed on an attached sheet.)**

Position	Fallen Officer Name & EOW
Name	Conf. & Nom. Form Attached? Y N
Address	Election or Appointment Date
City, State & Zip	Term Year
Phone Number	How many years has this officer served in this position?
E-Mail Address	

## **This is the chapter's official contact for the National C.O.P.S. publications.**

Name	
Address	
City, State & Zip	
Phone Number	Email Address

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## **Person Filing Report**

Name

Signature

Date

Position

A copy of the minutes of the meeting where these officers' changes were made is attached.

A copy of the Financial Ethics and Accountability Form is attached.