

Chapter Contact Information



Ensure that your chapter is getting the most recent news, events, and information from The Arc of Indiana. Please complete this form following your annual meeting and return to The Arc, so that we can keep you and your community informed! (Please complete both pages.) Please contact Kate Russell-Sullivan if you have any questions by email at krussell-sullivan@arcind.org or by phone at 317-977-2375.

To complete this form electronically, click on the fields and type in your information. When you are finished, save the document with your chapter name.

Return this form by email to: krussell-sullivan@arcind.org

Chapter Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone 2: _____

Fax: _____ Website: _____

Annual Meeting Date/Time: _____ Elections Date: _____

Local chapter of The Arc in the following Counties: _____

Services provided in the following Counties: _____

Provider Agency (check one): Yes No Advocacy Chapter (check one): Yes No

Chapter Staff Information: Please complete if applicable, otherwise check or write "NA". NA.

Executive Director: _____

Title: _____

Preferred Phone: _____ Phone 2: _____

Email: _____

Secondary Staff Contact Person: _____

Title: _____

Preferred Phone: _____ Phone 2: _____

Email: _____

Membership Staff/Processor: _____

Title: _____

Preferred Phone: _____ Phone 2: _____

Email: _____

Fundraising/Development Staff: _____

Title: _____

Preferred Phone: _____ Phone 2: _____

Email: _____

Chapter Staff Information Continued

Communications/Marketing Staff: _____
Title: _____
Preferred Phone: _____ Phone 2: _____
Email: _____

Chapter Board Information: Please complete if applicable, otherwise check or write "NA". NA.

Board President: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Preferred Phone: _____ Phone 2: _____
Email: _____

Board Vice-President: _____
Preferred Phone: _____ Phone 2: _____
Email: _____

Board Secretary: _____
Preferred Phone: _____ Phone 2: _____
Email: _____

Board Treasurer: _____
Preferred Phone: _____ Phone 2: _____
Email: _____

Membership Chair: _____
Preferred Phone: _____ Phone 2: _____
Email: _____

Public Policy Chair: _____
Preferred Phone: _____ Phone 2: _____
Email: _____

Development/Fundraising Chair: _____
Preferred Phone: _____ Phone 2: _____
Email: _____

Communications/Marketing Chair: _____
Preferred Phone: _____ Phone 2: _____
Email: _____