**Council for Children with Behavioral Disorders Unit Officers (2015)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STATE/PROVINCE:** | |  | | | |  | |  |
| Please note that CEC requires that unit officers be members of CEC in good standing (and the division if a division subdivision officer). | | | | | | | | |
|  |  | |  | |  | |  |  |
| **President:** |  | |  | | **Newsletter Editor:** | |  | |
| **Street:** |  | | |  | **Street:** | |  | |
| **City/State/Zip:** |  | | |  | **City/State/Zip:** | |  | |
| **Phone** |  | | |  | **Phone** | |  | |
| **Email:** |  | | |  | **Email:** | |  | |
|  |  | |  | |  | |  | |
| **President Elect:** |  | | |  | **CAN Coordinator:** | |  | |
| **Street:** |  | | |  | **Street:** | |  | |
| **City/State/Zip:** |  | | |  | **City/State/Zip:** | |  | |
| **Phone** |  | | |  | **Phone** | |  | |
| **Email:** |  | | |  | **Email:** | |  | |
|  |  | | |  |  | |  | |
| **Treasurer:** |  | | |  | **Faculty Advisor\*:** | |  | |
| **Street:** |  | | |  | \*Student chapters must report a Faculty Advisor | | | |
| **City/State/Zip:** |  | | |  | **Street:** |  | | |
| **Phone** |  | | |  | **City/State/Zip:** |  | | |
| **Email:** |  | | |  | **Phone** |  | | |
|  |  | | |  | **Email:** |  | | |
| **Membership Chair:** |  | | |  |  |  | |  |
| **Street:** |  | | |  | **Return to:**  Lonna Moline, RSM CCBD  1019 Bluff Pass South  Chaska, MN 55318  612-812-2221  [lonnah@embarqmail.com](mailto:lonnah@embarqmail.com) | | | |
| **City/State/Zip:** |  | | |  |
| **Phone** |  | | |  |
| **Email:** |  | | |  |
|  |  | |  | |