

REQUEST TO DOWNLOAD DATA BASE INFORMATION

Person requesting information (indicate name and position)

1. Chapter President, Co-President, Leadership Team Member
-

2. Committee Chair _____

3. Tau State Office _____

Data Requested

1. _____ Basic chapter membership list
2. _____ Chapter membership list with contact information in spread sheet form
(name, address, phone, email, cell phone)
3. _____ Chapter membership list with in Tau State Directory format
(name, address, phone, email)
4. _____ Chapter mailing labels
5. _____ Chapter Committee Chairs contact information in spread sheet form for
_____ Committee
6. _____ Chapter Committee Chairs contact information in Tau State Directory format for
_____ Committee
7. _____ Chapter Committee Chairs mailing labels for _____ Committee
8. _____ Executive Board Members packet labels with name and position
9. _____ Executive Board packet labels with positions only
10. _____ Other: _____

Forward this form (as an attachment) via e-mail to the [Tau State Data Base Manager](#)

or mail it to her: Rosalie Huston

11160 Yukon St NW
Coon Rapids, MN 55433