

## SACA CHAPTER UPDATE FORM

**Please complete and return to ACA Headquarters anytime you have officer elections.**

Today's Date:		
<b>School Information</b>		
Official School Name:		
School Address:		
Phone:	Fax:	Email:
School Website:		
<b>SACA Chapter Information *</b>		
Complete Mailing Address (No PO Boxes please) <b>*ACA will use this information for all SACA mailings &amp; Communications</b>		
Phone:	Fax:	Email:
Are you a "Fat Cat" school?		
Date of next officer elections		
<b>Faculty Advisor</b>		
Name:		
Title:		
Phone:	Fax:	Email:
<b>Chapter President</b>		
Name:		
Address:		
Phone:	Fax:	Email:
Expected Grad. Date:		
<b>Chapter Vice President</b>		
Name:		
Address:		
Phone:	Fax:	Email:
Expected Grad. Date:		
<b>Chapter Legislative Representative</b>		
Name:		
Address:		
Phone:	Fax:	Email:
Expected Grad. Date:		
<b>Chapter Treasurer</b>		
Name:		
Address:		
Phone:	Fax:	Email:
Expected Grad. Date:		
<b>Chapter Secretary</b>		
Name:		
Address:		
Phone:	Fax:	Email:
Expected Grad. Date:		
<b>Chapter Liaison</b>		
Name:		

**Please list any additional comments or contacts below:**

**Please return via email to:**

[LHall@acatoday.org](mailto:LHall@acatoday.org)

**Mail to:**

American Chiropractic Association  
1701 Clarendon Blvd • Arlington VA 22209  
Attn: SACA Liaison

**Or Fax to:** (703)243-2593