

# FORM 16

## Form for Submitting Section Information for the Directory

Please add more pages as necessary.

Information may be submitted electronically in Microsoft Word.

Contact Assistant Director for Publications Diane Hazard to obtain the electronic file.

Section Name: \_\_\_\_\_

Objectives: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**Membership Number:** (will be supplied by the headquarters office)

**Dues:** \$

**Section Home Page:** <http://>\_\_\_\_\_

Submit by May 1 annually to:

Diane Hazard  
Assistant Director for Publications  
American Accounting Association  
5717 Bessie Drive  
Sarasota, FL 34233-2399  
Fax: (941) 923-4093  
Voice: (941) 921-7747 ext. 307  
Email: [diane@aaahq.org](mailto:diane@aaahq.org)

With one click you can comment  
on any of the forms in this manual  
by visiting our web site at  
<http://AAA-edu.org>

**2003–04 Officers**

Officer Title: \_\_\_\_\_  
Officer's Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
School: \_\_\_\_\_  
College or University: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Officer Title: \_\_\_\_\_  
Officer's Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
School: \_\_\_\_\_  
College or University: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Officer Title: \_\_\_\_\_  
Officer's Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
School: \_\_\_\_\_  
College or University: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Officer Title: \_\_\_\_\_  
Officer's Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
School: \_\_\_\_\_  
College or University: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Council Representative (photograph needed)**

(Sections and Regions with 1,000 members or more are allotted 2 council representatives)

Council Representative's Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
School: \_\_\_\_\_  
College or University: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Council Representative's Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
School: \_\_\_\_\_  
College or University: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Editors

Journal Name: \_\_\_\_\_

Editor's Name: \_\_\_\_\_

Department: \_\_\_\_\_

School: \_\_\_\_\_

College or University: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Newsletter Name: \_\_\_\_\_

Editor's Name: \_\_\_\_\_

Department: \_\_\_\_\_

School: \_\_\_\_\_

College or University: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Webmaster's Name: \_\_\_\_\_

Department: \_\_\_\_\_

School: \_\_\_\_\_

College or University: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### **Committee Chairpersons**

Committee: \_\_\_\_\_

Chair's Name: \_\_\_\_\_

Department: \_\_\_\_\_

School: \_\_\_\_\_

College or University: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Committee: \_\_\_\_\_

Chair's Name: \_\_\_\_\_

Department: \_\_\_\_\_

School: \_\_\_\_\_

College or University: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Committee: \_\_\_\_\_

Chair's Name: \_\_\_\_\_

Department: \_\_\_\_\_

School: \_\_\_\_\_

College or University: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### **Regional Coordinators**

Region: \_\_\_\_\_

Coordinator's Name: \_\_\_\_\_

Department: \_\_\_\_\_

School: \_\_\_\_\_

College or University: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Region: \_\_\_\_\_

Coordinator's Name: \_\_\_\_\_

Department: \_\_\_\_\_

School: \_\_\_\_\_

College or University: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Region: \_\_\_\_\_

Coordinator's Name: \_\_\_\_\_

Department: \_\_\_\_\_

School: \_\_\_\_\_

College or University: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Region: \_\_\_\_\_  
Coordinator's Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
School: \_\_\_\_\_  
College or University: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Region: \_\_\_\_\_  
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Department: \_\_\_\_\_  
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Email: \_\_\_\_\_