



CHAPTER COMMITTEE REPORT

Send to: NYSSCPA, 14 Wall Street, 19th Floor, New York NY 10005
Email Form to: Tameeka Benjamin, Membership Manager (tbenjamin@nysscpa.org)

Chapter: _____

Year: _____

Committee: _____
Chairman: _____
Firm Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
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Chairman: _____
Firm Name: _____
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Report Submitted by: _____