

OFFICER ANNUAL REPORT FORM -CHAPTER RECORDING SECRETARY-

CHAPTER NAME _____

UNIVERSITY _____.

Type and **COMPLETE** the following report by May 15 (or prior to summer break), send one copy to Central Office, give one copy to the chapter president and keep one copy in your Officer Notebook. *Please use only a black ink cartridge or a laser printer to print this form.*

CHAPTER INFORMATION:

CHAPTER NAME _____.

UNIVERSITY NAME _____.

UNIVERSITY ADDRESS _____.

SCHOOL OF NURSING DEAN'S NAME _____.

ADVISOR -- NAME _____.

ADDRESS _____.

DATES OF SCHOOL TERMS _____.

MEMBERSHIP

MEMBERSHIP COUNT _____ (TOTAL NUMBER TO DATE)

NEW INITIATES _____ ACTIVE

HONORARY _____ LIFE (ALUMNI ONLY)

MEETINGS

FREQUENCY OF BUSINESS MEETINGS

FREQUENCY OF BOARD MEETINGS

TOTAL NUMBER OF CHAPTER ACTIVITIES FOR THE YEAR _____.

NUMBER OF MEETINGS

PROFESSIONAL _____.

EDUCATIONAL _____.

SOCIAL _____.

FUND RAISING EFFORTS _____.

OFFICER TRANSITION

DOES EACH NOTEBOOK HAVE AN OFFICER NOTEBOOK SIGNATURE FORM?

DID YOU RECEIVE A COPY FROM EACH OFFICER?

DID YOU SCHEDULE A SPECIAL MEETING FOR OUTGOING AND INCOMING OFFICERS?

HAVE ALL OFFICERS COMPLETED AND SUBMITTED THEIR ANNUAL REPORTS? IF NOT, WHY?

ALL MEETINGS HAVE BEEN PRESIDED OVER BY

COPIES OF ALL REPORTS, FUNCTIONS, FINANCES AND AWARDS ARE APPROPRIATELY FILED AND SUBMITTED TO CENTRAL OFFICE.

SIGNATURE _____.

REPORT SUBMITTED BY

NAME _____

PRESENT
ADDRESS _____

PERMANENT ADDRESS _____.

DATE REPORT SUBMITTED _____.

NOTE: FAX COPIES ACCEPTED TO COMPLY WITH REPORTING DEADLINE. ORIGINALS **ARE** REQUIRED FOR FILING PURPOSES AT CENTRAL OFFICE.