

Annual Report

To be returned to the Office of Alumni Relations before July 1.

Chapter Name: _____
Chapter Liaison: _____
Submitted By: _____
Email: _____

Chapter Information:

Year: _____
Chapter President: _____
Total Board Members: _____
List Any Current Board Vacancies: _____

Total Active Volunteers: _____
Total Dues Paying Members (if applicable): _____
Total Number of Activities: _____

Activity Details (please list each chapter activity separately, by date):

Activity # _____:

Name: _____
Date: _____
Location: _____
Number of attendees: _____

Description:

How was this activity publicized?

Expenses: _____
Revenue: _____
Total income: _____

Activity # _____:

Name: _____
Date: _____
Location: _____
Number of attendees: _____

Description:

How was this activity publicized?

Expenses: _____
Revenue: _____
Total income: _____

Activity # ____ :

Name: _____

Date: _____

Location: _____

Number of attendees: _____

Description:

How was this activity publicized?

Expenses: _____

Revenue: _____

Total income: _____

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Name: _____

Date: _____

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Date: _____

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Revenue: _____

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Photocopy this page as needed.