

# Chapter Meeting Report

Please mail to the State office after each Chapter Meeting.

County: \_\_\_\_\_ Chapter No. \_\_\_\_ District: \_\_\_\_\_

Meeting Date:		Meeting City	
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Meeting Facility:	
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Number of members and guests present at meeting		Current balance in the Chapter Treasury	
Current number of Chapter members:			

Officers Present	YES	NO
President:		
Vice-President:		
Secretary:		
Treasurer:		
Legislative Chair:		

The Following Were Discussed	YES	NO
Legislative Counsel's Report:		
Chapter Membership Drive:		
Dist. Rep. Nominating Committee:		
District Annual Meeting:		
State Annual Meeting:		

**SPEAKER AND TOPIC:**

Our next meeting will be held at: \_\_\_\_\_

On \_\_\_\_\_ At \_\_\_\_\_ Secretary: \_\_\_\_\_ Date \_\_\_\_\_

Please attach a copy of your meeting Minutes