



ASPA Chapter Information Form

Current leadership is responsible for submitting the form, which is due annually by March 5.
All fields are required and the report must be shared with the Chapter's leadership.

Fiscal year:	Fiscal year ends:
EIN number:	Chapter name:
Preparer's name:	Officer position:
Date (MM/DD/YY):	Email:
Chapter leader reviewer's name:	Date reviewed (MM/DD/YY):

Chapter Officer Information

Leaders are elected for:	<input type="checkbox"/> 1-year term	<input type="checkbox"/> 2-year term	<input type="checkbox"/> Other: _____
Elections are held:	<input type="checkbox"/> Annually	<input type="checkbox"/> Biannually	<input type="checkbox"/> Other: _____
President Name:	Current Term (MM/YY – MM/YY):		
Vice President/President Elect Name:	Current Term (MM/YY – MM/YY):		
Secretary Name:	Current Term (MM/YY – MM/YY):		
Treasurer Name:	Current Term (MM/YY – MM/YY):		
Other Officer Name:	Current Term (MM/YY – MM/YY):		
Other Officer Name:	Current Term (MM/YY – MM/YY):		
Other Officer Name:	Current Term (MM/YY – MM/YY):		
Other Officer Name:	Current Term (MM/YY – MM/YY):		
Other Officer Name:	Current Term (MM/YY – MM/YY):		

Chapter Programming Details

How many events did your Chapter host this last fiscal year?	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 5-8	<input type="checkbox"/> More than 8
Did any events have a registration fee? If so, how much?	<input type="checkbox"/> \$5-\$10	<input type="checkbox"/> \$11-\$20	<input type="checkbox"/> More than \$20	
For events that included panels and expert presentations, what kind of content was provided?				
How did you find your speakers?				
Where were your events hosted?	<input type="checkbox"/> Public building	<input type="checkbox"/> University facility		
	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other:		
Did you recruit sponsors to support your event(s)?	<input type="checkbox"/> YES		<input type="checkbox"/> NO	
On average, how many Chapter members attended an event?	<input type="checkbox"/> 5-10	<input type="checkbox"/> 11-15		
	<input type="checkbox"/> 16-20	<input type="checkbox"/> 21-30		
	<input type="checkbox"/> 31-50	<input type="checkbox"/> More than 50		
Did you host an event in honor of Public Service Recognition Week, and if so, did you include an awards program? Please describe.				
Are you interested in working with ASPA to develop programming for your Chapter? If yes, provide a point of contact.	<input type="checkbox"/> YES		<input type="checkbox"/> NO	
	Contact Name:			
	Contact Email:			

Briefly describe the kinds of communications you provide to Chapter members about your Chapter, events and other programming.		
Would your Chapter be interested in working with ASPA to produce a webinar for all members about work your members are doing in their discipline? If yes, provide a point of contact.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Contact Name:	
	Contact Email:	
How can ASPA's better support your Chapter's efforts?		
Is your Chapter interested in helping ASPA contact expired members from your Chapter to help them reinstate and re-engage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Financial Breakdown for the Fiscal Year

Fund Balance at start of fiscal year:
Total Revenue (including chapter rebate):
Total Expenses:
Fund Balance at end of fiscal year:

Electronic Fund Transfers

Please skip this section if you are already enrolled or choose not to enroll in Electronic Fund Transfers.

Financial institution:	
Branch:	City:
Account number:	Routing number:
Notice of understanding for electronic transfer service	
As a duly authorized signer of the financial institution account identified below, I authorize ASPA to perform scheduled or periodic electronic fund transfers for Chapter member rebates. In addition, I understand the Chapter must maintain the account listed above and I must provide ASPA notice in writing of termination or updates of electronic fund transfer services.	
Signature:	Date (MM/DD/YY):

Notice of Understanding:

By submitting this form, we, the Chapter officers, certify and understand that:

- Any and all real or anticipated liabilities incurred by the Chapter are the sole responsibility of the Chapter.
- Dues payments may be withheld in the event that we do not submit regular and accurate financial forms.

Signature:

Date (MM/DD/YY):