ASPA Chapter Information Form

Submission of reporting forms is the responsibility of the current administration. This form is due within sixty (60) days after the close of ASPA Nationals fiscal year. Note: All fields are required For fiscal year ending: **Chapter Name: Preparer's Name:** Date: **Email:** Title: Please provide a minimum of 2 reviewers. Note: Reviewers must be members of ASPA Reviewer 1: **Date Reviewed:** Reviewer 2: **Date Reviewed:** *This report must be approved by the Chapter leadership and distributed to the Chapter membership. Membership Distribution Date: ___/ ___/ ____ **FINANCIAL INFORMATION** EIN Number: _____ Please indicate the accounting method used: Cash **Accrual** Assets **Item** Actuals **Notes/Comments** Cash Investments Accounts Receivable Prepaid Expenses **Total Assets** Revenue **Proposed** Item Revenue Actuals **Notes/Comments** Rebates Meetings Workshops Interest Grants Fundraising Total Revenue Expenses Proposed

Actuals

Notes/Comments

Expenses

Item

Printing			
Postage			
Supplies			
Chapter Meetings			
National Conference or			
Regional Meetings			
Awards			
Speakers			
Scholarships			
Web maintenance			
New logo design			
Misc.			
Total Expenses			
•		•	
Fund Balance		\$	
By Submitting this form we		-	
* any and all real or anticipate	ed liabilities incurred by t	the Chapter are the sole	responsibility of the Chapter.
* payment of membership dureporting requirements or nor membership programs in viola	nacceptance of said repor	ts by the Executive Dire	ctor, non-member officers or
* any amounts due to the nat next regularly scheduled reba			lays will be deducted from the
We further certify that we	will:		
* discuss with ASPA's Executive liability in an amount exceeding		to enter into a contract	or incur a liability or anticipate
* file annual return with the I	RS and mail a copy to AS	SPA.	
CHAPTER OFFICER I	NFO		
The Chapter's fiscal year Leaders are elected: Elections are held: Leaders assume their po If the Chapter elects a V	_ 1-year term or _ Annually or E sition in what month ice President, does t	2-year term Biannually n: the individual autom	atically ascend to
Presidency upon comple Yes orNo	tion of the current P	resident's term of of	fice?
President		Member ID:	
Name:		Fmail:	

City: State: Zip: Vice President/President Elect Member ID: Name: Email: Mailing Address: State: Zip: Secretary Member ID: Name: Email: Mailing Address: City: State: Zip: Treasurer Member ID: Treasurer Treasurer Member ID: Treasurer Member ID: Treasurer Member I
Name: Email: Mailing Address: City: State: Zip: Secretary Member ID: Name: Email: Mailing Address: City: State: Zip:
Name: Email: Mailing Address: City: State: Zip: Secretary Member ID: Name: Email: Mailing Address: City: State: Zip:
Mailing Address: City: State: Zip: Secretary Member ID: Name: Email: Mailing Address: City: State: Zip: Treasurer Member ID:
City:State:Zip:SecretaryMember ID:Name:Email:Mailing Address:State:Zip:City:State:Zip:
Secretary Member ID: Name: Email: Mailing Address: State: Zip: Treasurer Member ID:
Name: Email: Mailing Address: City: State: Zip: Treasurer Member ID:
Name: Email: Mailing Address: City: State: Zip: Treasurer Member ID:
Mailing Address: City: State: Zip: Treasurer Member ID:
City: State: Zip: Treasurer Member ID:
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Mailing Address:
City: State: Zip:
Other: Member ID:
Name: Email:
Mailing Address:
City: State: Zip:
Other: Member ID:
Name: Email:
Mailing Address:
City: State: Zip:

Notice of Understanding

All Chapter officers, as well as individuals with check-signing authority, must be current members of the American Society for Public Administration. By accepting his or her position as an ASPA Chapter officer, each person agrees:

^{*} to maintain ASPA membership during the term of office.

^{*} that noncompliance with reporting requirements will lead to the withholding of Chapter member rebates.