ANNUAL SPA CHAPTER REPORT FOR THE YEAR _2016_____

Chapter name: _____ Chapter number: _____

Meeting day and place: _____

Number of meetings per year: ___. Month of officer elections: _____. Types of memberships, dues and Number of each: Family: ____, Institution: ____, Active: ____, Junior: ____, Student: ____, Honorary: ____, Life: ____, Other: ____. Total membership ____. Total number of chapter members who are members of the State Society: ____. Name(s) of State members deceased this year: _____

_____

ALL CHAPTER OFFICERS MUST BE MEMBERS OF THE STATE SOCIETY

President: Home address, phone and email

_____
_____
_____
_____

Secretary: Home address, phone, and email

_____
_____
_____
_____

_____

LIST ALL OTHER OFFICERS ON REVERSE OF THIS FORM (ADDRESS AND PHONE)

Name of chapter publication: _____

Months published: _____. Cost of subscription: _____

Editor: Home address and phone: _____

_____

Chapter representative: Name, address, and phone per Chapters Committee Letter

_____

_____

Highlights of year's monthly meetings: speakers, dinners, picnics, etc.: _____

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Projects, excavations, surveys, study projects, etc.: _____

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Attach a complete list of paid-up chapter members which includes their name, address (with zip code), phone number (with area code), and email addresses if available, as required by SPA Constitution Articles VI6c and X6d.Use other side of form for continuation of any information required for which there is insufficient space.