

ANNUAL CHAPTER/DIVISION OFFICER REPORT

Date _____

Chapter/Division Name _____

Area/Region Represented _____

No. of Members _____ Month of Elections _____

Chapter Website _____

Chapter E-mail Contact _____
Name E-mail

In your opinion, what can ATHS headquarters do to better support your Chapter/Division? _____

What are your Chapter/Division's primary concerns about ATHS? _____

Any other feedback? Please attach additional pages if you have more thoughts & concerns for ATHS.

**THIS REPORT IS TO BE FILLED OUT AND MAILED TO ATHS AFTER ANY ELECTIONS
OR ANY CHANGE IN OFFICERS.**

President Name _____ Phone () _____
Address _____
E-mail _____

Vice President Name _____ Phone () _____
Address _____
E-mail _____

Secretary Name _____ Phone () _____
Address _____
E-mail _____

Treasurer Name _____ Phone () _____
Address _____
E-mail _____

Newsletter Editor Name _____ Phone () _____
Address _____
E-mail _____

_____ Name _____ Phone () _____
Address _____
E-mail _____

_____ Name _____ Phone () _____
Address _____
E-mail _____

Person who should receive **Monthly Chapter/Division Membership Reports** _____

Wheels of Time Directory Contact person will be the President unless otherwise noted: _____

*Please send with a current Chapter/Division membership roster.
Please file form with ATHS annually by January 31.
In addition, file this form within 3 weeks of any change during the year.*