

AFFILIATED CHAPTER ANNUAL REPORT

In order to maintain affiliation status, affiliated chapters must provide the following information and return this form, along with a full chapter member list, to ASHHRA by **Jan. 19, 2021**.

REPORTING YEAR 2021

General Information 2021

CHAPTER NAME

Official Name - Do not abbreviate

CHAPTER CONTACT INFORMATION

MAILING ADDRESS

CITY

STATE

ZIP

PHONE

FAX

EMAIL

WEBSITE

CHAPTER OFFICER LIST 2020 PRESIDENT

MUST BE AN ASHHRA MEMBER

PRESIDENT-ELECT (VICE PRESIDENT)

MUST BE AN ASHHRA MEMBER

FIRST NAME

LAST NAME

TITLE

ORGANIZATION

MAILING ADDRESS

CITY

STATE

ZIP

PHONE

FAX

EMAIL

WEBSITE

ASHHRA MEMBER #

TERM START

TERM END

FIRST NAME

LAST NAME

TITLE

ORGANIZATION

MAILING ADDRESS

CITY

STATE

ZIP

PHONE

FAX

EMAIL

WEBSITE

ASHHRA MEMBER #

TERM START

TERM END

SECRETARY

FIRST NAME
LAST NAME
TITLE
ORGANIZATION
MAILING ADDRESS
CITY
STATE
ZIP
PHONE
FAX
EMAIL
WEBSITE
ASHHRA MEMBER #
TERM START
TERM END

TREASURER

FIRST NAME
LAST NAME
TITLE
ORGANIZATION
MAILING ADDRESS
CITY
STATE
ZIP
PHONE
FAX
EMAIL
WEBSITE
ASHHRA MEMBER #
TERM START
TERM END

OTHER OFFICER

FIRST NAME
LAST NAME
TITLE
ORGANIZATION
MAILING ADDRESS
CITY
STATE
ZIP
PHONE
FAX
EMAIL
WEBSITE
ASHHRA MEMBER #
TERM START
TERM END

AFFILIATION REQUIREMENTS

Please indicate which requirements are fulfilled as of the filing of this report. If any of these requirements have been updated or changed in the past year, please submit updated documentation.

- A. Incorporated? Yes No
- B. Chapter has Tax Exempt Status with the IRS Yes No
- C. Does the Chapter currently hold a bank account in good standing? Yes No
- D. Does the Chapter currently have an Employer Identification Number (EIN)? Yes No
EIN is
- E. Does the Chapter currently have a mission statement? Yes No
- F. Does the Chapter currently have aggregate general or umbrella liability insurance with a minimum coverage of \$1,000,000 per occurrence? Yes No
Please submit documentation confirming current coverage
- G. Does the Chapter currently have directors and officers liability insurance? Yes No
Please submit documentation confirming current coverage

CHAPTER MEMBER LIST

Please submit a roster of your chapter members in xls. Excel format, following this format:

First Name, Last Name, Title, Organization, Street Address, City, State, Zip, Phone, Fax, Email, ASHHRA Member Y/N