

# 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 Feb. 25, 2022.

## REPORTING YEAR 2022

### General Information 2022

CHAPTER NAME

*Official Name - Do not abbreviate*

### CHAPTER CONTACT INFORMATION

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MAILING ADDRESS

CITY

STATE

ZIP

PHONE

FAX

EMAIL

WEBSITE

### CHAPTER OFFICER LIST 2021 PRESIDENT

*MUST BE AN ASHHRA MEMBER*

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FIRST NAME

LAST NAME

TITLE

ORGANIZATION

MAILING ADDRESS

CITY

STATE

ZIP

PHONE

FAX

EMAIL

WEBSITE

ASHHRA MEMBER #

TERM START

TERM END

### PRESIDENT-ELECT (VICE PRESIDENT)

*MUST BE AN ASHHRA MEMBER*

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FIRST NAME

LAST NAME

TITLE

ORGANIZATION

MAILING ADDRESS

CITY

STATE

ZIP

PHONE

FAX

EMAIL

WEBSITE

ASHHRA MEMBER #

TERM START

TERM END

## SECRETARY

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

## TREASURER

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

## OTHER OFFICER

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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

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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