



**Reminder:** send chapter update to State Info Director for quarterly newsletter input

## CBA/ABATE of NC QUARTERLY CHAPTER & DISTRICT ACTIVITY SUMMARY

Chapter or District Name: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_

# of members on your chapter roster (to be checked against Membership Services records) \_\_\_\_\_

Bank account balance: \$ \_\_\_\_\_

**Chapter Activities:** Please give a brief description of each event or fundraiser, indicating profit or no profit. If profit, please provide check # and date the 20% assessment, where applicable, was sent to the State Treasurer (within 90 days – Article VII, Section 5-D, CBA Constitution)

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**Upcoming Events/Fundraisers:** List dates/times scheduled and what the event is. Please indicate if information was sent to Information Services in order to help promote your event.

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**CHAPTER & COMMUNICATION INFORMATION:** All officer names and phone numbers AND email addresses. List where chapter meets and when. Also note if Chapter PO Box has changed.

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

\*Legislative Coordinator: \_\_\_\_\_

MSgt at Arms: \_\_\_\_\_

Meeting Place/Date/Time: \_\_\_\_\_

New PO Box? \_\_\_\_\_

\*Please note that if a chapter has not assigned an LC, the role falls automatically to the President.

Do you have an MSAP Coordinator(s)? If so, please list here:

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**Please provide this report to the State Secretary and State Treasurer on a quarterly basis:**

January – March report is due in April

July – September report is due in October

April – June report is due in July

October – December reports is due in January

**This report can be emailed, sent via snail mail, or brought to the Quarterly State meeting.**