

CHAPTER DELEGATE NEW TERM REPORT

Chapter Name:				
Date:				
Submitting Officer (N	lame and Position):			
_	ns: Has your Chapter Governing lons? i.e. Membership Activity Cha	Board established any activity chair positions to help air, Education Activity Chair, etc.		
Activity Chair Position		Appointed Member		
	ive adequate volunteers to help on the properties? \Box Yes or \Box No	leliver value to members locally and execute Chapter		
Would you like assista	ance from AMPP in getting more	volunteers? ☐ Yes or ☐		
Chapter Contact and	or Social:			
Chapter Account		URL or Address		
Chapter Email				
Facebook				
LinkedIn				
Website				
Average number of a	ttendees at each Chapter meetir	ng:		



Please provide the dates and details for any upcoming events that your Chapter has planned.

AMPP HQ can list all meetings on the Chapter event webpage if you request so below.

Event Information					
Event Title:		Date/s:			
Details:					
		1			
Venue:	T	Address:	1		
City: State:		•	Zip:		
Contact Name:		Organizer:			
Contact Phone:		Web Address:			
Contact Email:					
Would you like AMPP to add this	to your Chapter				
Webpage and AMPP Calendar?		_			
Event Title:		Date/s:			
Details:					
.,					
Venue:		Address:	1 		
City: State:			Zip:		
Contact Name:		Organizer:			
Contact Phone:		Web Address:			
Contact Email:					
Would you like AMPP to add this	to your Chapter				
Webpage and AMPP Calendar?		5 . /			
Event Title:		Date/s:			
Details:					
Marian		Address:			
Venue:		Address:	7in.		
City:	State:	0	Zip:		
Contact Phone:		Organizer:			
Contact Phone:		Web Address:			
Contact Email:	ta waxa Chamtan				
Would you like AMPP to add this	to your Chapter				
Webpage and AMPP Calendar?					



Please share any feedback you have for us!!
Are there areas where you are looking for support from AMPP to help your Chapter be more successful?
Would you be interested in connecting with other Chapters as either a "mentor" or a "mentee" Chapter?
Please provide any additional comments, requests, or information that you would like to share with AMPP,
your Area Representative and the Membership Program Committee.