Reporting Year:		Date:	
Official Chapter Name			
Mailing Address of Headquarters (	if applicable) :		City, State, Zip
Telephone	Fax		Website
<u>Chapter Officer</u> s:			
President			
Employer Name			
Mailing Address			
Telephone	Fax		email address
President - Elect			
Employer Name			
Mailing Address			
Telephone	Fax		email address

Board Member	(if applicable):			
Employer Name				-
Mailing Address				
Telephone		Fax	email ad	dress
Board Member	(if applicable):			
Employer Name				
Mailing Address				
Telephone		Fax	email ad	dress
Board Member	(if applicable):			
Employer Name				
Mailing Address				
Telephone		Fax	email ad	dress
Board Member	(if applicable):			
Employer Name				
Mailing Address				
Telephone		 Fax	email ad	dress

State/F	ede	eral Tax Status	<u> </u>				
At the	filir	ing of this report, is the Chapter:					
	A.	Incorporated	Υe	es .	No		
		If so, please provide Articles of Incorporation.					
	B.	Chapter has Tax Exempt Status with the IRS			Yes	No	
		If yes, please provide a current copy of your tax				-exempt letter.	
	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			
		If so, please p	provide a copy	•			
Chapte	۵r	Membership F	Paguiraments				
•		-	ist submit a me	mher list to	ΔHE with this	annual	report. Is
/ ۱.		•					roport. 13
	you	ur Chapter mei	mber list attach	ed?	Yes	No	
B.	If y	our Chapter h	as less than 60	members	, are at le	ast 15 membe	rs also AHE
	me	embers?					
		Yes	No				
C.	If y	our Chapter h	as 60 or more r	nembers, ar	e at least 25%	of the	e members
	als	so AHE members?					
		Yes	No				
D.	ls t	the President	an AHE memb	er?	Yes	No	
E.	ls t	the President	- Elect an AHE	member?	Yes		