Name_	e	District #	Date
Send o	one (1) copy of this form to the State President President, Chapter Management Vice President	, Administrative V , postmarked the 5	Tice President, Membership of the month.
1.	. What help do your chapters need in the mem	pership area?	
2.	. List all meetings you have attended (includin district events/meetings and trainings).	g state meetings, c	committee meetings, all
3.	. Chapter Updates – Brief report and status of	chapters (list each	chapter name and update).
4.	. Comments, requests or any assistance needed	l.	