



### ASPA Chapter Information Form

*Current leadership is responsible for submitting the form, which is due annually by March 5.  
All fields are required and the report must be shared with the Chapter's leadership.*

|  |                                  |
|--|----------------------------------|
| <b>Fiscal year:</b>                    | <b>Fiscal year ends:</b>         |
| <b>EIN number:</b>                     | <b>Chapter name:</b>             |
| <b>Preparer's name:</b>                | <b>Officer position:</b>         |
| <b>Date (MM/DD/YY):</b>                | <b>Email:</b>                    |
| <b>Chapter leader reviewer's name:</b> | <b>Date reviewed (MM/DD/YY):</b> |
|  |                                  |

### Chapter Officer Information

|   |                                      |                                      |                                       |
|---|--------------------------------------|--------------------------------------|---------------------------------------|
| <b>Leaders are elected for:</b>             | <input type="checkbox"/> 1-year term | <input type="checkbox"/> 2-year term | <input type="checkbox"/> Other: _____ |
| <b>Elections are held:</b>                  | <input type="checkbox"/> Annually    | <input type="checkbox"/> Biannually  | <input type="checkbox"/> Other: _____ |
| <b>President Name:</b>                      | <b>Current Term (MM/YY – MM/YY):</b> |                                      |                                       |
| <b>Vice President/President Elect Name:</b> | <b>Current Term (MM/YY – MM/YY):</b> |                                      |                                       |
| <b>Secretary Name:</b>                      | <b>Current Term (MM/YY – MM/YY):</b> |                                      |                                       |
| <b>Treasurer Name:</b>                      | <b>Current Term (MM/YY – MM/YY):</b> |                                      |                                       |
| <b>Other Officer Name:</b>                  | <b>Current Term (MM/YY – MM/YY):</b> |                                      |                                       |
| <b>Other Officer Name:</b>                  | <b>Current Term (MM/YY – MM/YY):</b> |                                      |                                       |
| <b>Other Officer Name:</b>                  | <b>Current Term (MM/YY – MM/YY):</b> |                                      |                                       |
| <b>Other Officer Name:</b>                  | <b>Current Term (MM/YY – MM/YY):</b> |                                      |                                       |
| <b>Other Officer Name:</b>                  | <b>Current Term (MM/YY – MM/YY):</b> |                                      |                                       |

### Chapter Programming Details

|  |  |  |   |                                      |
|--|--|--|---|--------------------------------------|
| <b>How many events did your Chapter host this last fiscal year?</b>  | <input type="checkbox"/> 1-2             | <input type="checkbox"/> 3-5                 | <input type="checkbox"/> 5-8            | <input type="checkbox"/> More than 8 |
| <b>Did any events have a registration fee? If so, how much?</b>  | <input type="checkbox"/> \$5-\$10        | <input type="checkbox"/> \$11-\$20           | <input type="checkbox"/> More than \$20 |                                      |
| <b>For events that included panels and expert presentations, what kind of content was provided?</b>                                      |  |  |   |                                      |
| <b>How did you find your speakers?</b>   |  |  |   |                                      |
| <b>Where were your events hosted?</b>  | <input type="checkbox"/> Public building | <input type="checkbox"/> University facility |   |                                      |
|  | <input type="checkbox"/> Restaurant      | <input type="checkbox"/> Other:              |   |                                      |
| <b>Did you recruit sponsors to support your event(s)?</b>  | <input type="checkbox"/> YES             |  | <input type="checkbox"/> NO             |                                      |
| <b>On average, how many Chapter members attended an event?</b>   | <input type="checkbox"/> 5-10            | <input type="checkbox"/> 11-15               |   |                                      |
|  | <input type="checkbox"/> 16-20           | <input type="checkbox"/> 21-30               |   |                                      |
|  | <input type="checkbox"/> 31-50           | <input type="checkbox"/> More than 50        |   |                                      |
| <b>Did you host an event in honor of Public Service Recognition Week, and if so, did you include an awards program? Please describe.</b> |  |  |   |                                      |
| <b>Are you interested in working with ASPA to develop programming for your Chapter? If yes, provide a point of contact.</b>              | <input type="checkbox"/> YES             |  | <input type="checkbox"/> NO             |                                      |
|  | Contact Name:                            |  |   |                                      |
|  | Contact Email:                           |  |   |                                      |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Briefly describe the kinds of communications you provide to Chapter members about your Chapter, events and other programming.   |                              |                             |
| Would your Chapter be interested in working with ASPA to produce a webinar for all members about work your members are doing in their discipline? If yes, provide a point of contact. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|   | Contact Name:                |                             |
|   | Contact Email:               |                             |
| How can ASPA's better support your Chapter's efforts?   |                              |                             |
| Is your Chapter interested in helping ASPA contact expired members from your Chapter to help them reinstate and re-engage?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

### Financial Breakdown for the Fiscal Year

|  |
|--|
| <b>Fund Balance at start of fiscal year:</b>     |
| <b>Total Revenue (including chapter rebate):</b> |
| <b>Total Expenses:</b>                           |
| <b>Fund Balance at end of fiscal year:</b>       |

### Electronic Fund Transfers

Please skip this section if you are already enrolled or choose not to enroll in Electronic Fund Transfers.

|   |                         |
|---|-------------------------|
| <b>Financial institution:</b>   |                         |
| <b>Branch:</b>  | <b>City:</b>            |
| <b>Account number:</b>  | <b>Routing number:</b>  |
| <b>Notice of understanding for electronic transfer service</b>  |                         |
| As a duly authorized signer of the financial institution account identified below, I authorize ASPA to perform scheduled or periodic electronic fund transfers for Chapter member rebates. In addition, I understand the Chapter must maintain the account listed above and I must provide ASPA notice in writing of termination or updates of electronic fund transfer services. |                         |
| <b>Signature:</b>   | <b>Date (MM/DD/YY):</b> |

#### Notice of Understanding:

By submitting this form, we, the Chapter officers, certify and understand that:

- Any and all real or anticipated liabilities incurred by the Chapter are the sole responsibility of the Chapter.
- Dues payments may be withheld in the event that we do not submit regular and accurate financial forms.

Signature: *Elaine Zavala*

Date (MM/DD/YY):