



# Alabama Society Sons of the American Revolution

## Chapter Report to State Secretary

**Date of Report:** \_\_\_\_\_

**Name of Chapter:** \_\_\_\_\_

### Officers:

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

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

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

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

Registrar: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**Chapter Website Updated:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Chapter IRS 990-N Filed for Previous Year:** Yes \_\_\_\_\_ No \_\_\_\_\_

### List chapter membership information since your last report:

Current Chapter Membership: \_\_\_\_\_ Number of Applications Pending: \_\_\_\_\_

Number of Prospective Members: \_\_\_\_\_ Number of Members Inducted: \_\_\_\_\_

Names of New Members: \_\_\_\_\_

Member(s) Deceased: \_\_\_\_\_

### List SAR Certificates, Medals, and Awards presented in the chapter service area since your last report:

Award: \_\_\_\_\_ Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

Award: \_\_\_\_\_ Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

Award: \_\_\_\_\_ Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

Award: \_\_\_\_\_ Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

Medal: \_\_\_\_\_ Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

Medal: \_\_\_\_\_ Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

Medal: \_\_\_\_\_ Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

Medal: \_\_\_\_\_ Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

(OVER)

**Provide a summary of SAR Programs or memorial programs in which the chapter participated since your last report including the date of the program:**

SROTC: \_\_\_\_\_

JROTC: \_\_\_\_\_

Knight Essay: \_\_\_\_\_

Scout: \_\_\_\_\_

Veterans: \_\_\_\_\_

Oration: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**List chapter meeting information since your last report:**

Regular Meeting Location: \_\_\_\_\_

Regular Meeting Date: \_\_\_\_\_ Regular Meeting Time: \_\_\_\_\_

Meeting Dates since Last BOM: \_\_\_\_\_

Number of Members attending: \_\_\_\_\_ Number of Guests attending: \_\_\_\_\_

Speakers / Programs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Next Meeting: \_\_\_\_\_ Place of Next Meeting (if different from above): \_\_\_\_\_

Other items or comments not included above:

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature/Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Please report anything that the ALSSAR could do to improve or enhance your chapter's ability to continue to grow and prosper within the Comments section.*