

AHE Chapter Annual Report Form

*This report must be updated yearly and submitted to AHE at ahe@aha.org by **January 31st***



Reporting Year: _____

Date: _____

Official Chapter Name

Mailing Address of Headquarters (if applicable):

City, State, Zip

Telephone

Fax

Website

Chapter Officers:

President

Employer Name

Mailing Address

Telephone

Fax

email address

President-Elect

Employer Name

Mailing Address

Telephone

Fax

email address

Advocacy Liaison (if applicable):

Employer Name

Mailing Address

Telephone

Fax

email address

PMG Liaison (if applicable):

Employer Name

Mailing Address

Telephone

Fax

email address

Secretary/Clerk (if applicable):

Employer Name

Mailing Address

Telephone

Fax

email address

Treasurer (if applicable):

Employer Name

Mailing Address

Telephone

Fax

email address

Board Member (if applicable):

Employer Name

Mailing Address

Telephone

Fax

email address

Board Member (if applicable):

Employer Name

Mailing Address

Telephone

Fax

email address

Board Member (if applicable):

Employer Name

Mailing Address

Telephone

Fax

email address

Board Member (if applicable):

Employer Name

Mailing Address

Telephone

Fax

email address

Board Member (if applicable):

Employer Name

Mailing Address

Telephone

Fax

email address

State/Federal Tax Status

At the filing of this report, is the Chapter:

- A. Incorporated **Yes** **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 provide a copy.

Chapter Membership Requirements:

- A. Each Chapter must submit a member list to AHE with this annual report. Is your Chapter member list attached? **Yes** **No**
- B. If your Chapter has less than 60 members, are at least 15 members also AHE members?
Yes **No**
- C. If your Chapter has 60 or more members, are at least 25% of the members also AHE members?
Yes **No**
- D. Is the President an AHE member? **Yes** **No**
- E. Is the President-Elect an AHE member? **Yes** **No**

About your Chapter:

- A. How many members are in your Chapter? _____
- B. Do you have multiple types of membership? **Yes** **No**
- C. How much are your dues per member type? _____
- D. Do you charge dues yearly or per individual meeting? _____
- E. If per individual meeting, how much do you charge? _____
- F. Do you have to be a member of the Chapter to attend the meetings or events?
Yes **No**
- G. How many meetings do you hold per year? _____
- H. Do you have an annual conference? **Yes** **No**
- I. If so, how much are your conference dues? _____