CHAPTER REPORTING FORM

AHEPA FAMILY GOLDEN GATE DISTRICT #21 ConventionNo._____Year____

Chapter Name & Number :		

MEMBERSHIP STATUS		Last Yea	ar This	Year	
Members paid as of					
Life Members					
Reinstated					
New Members Initiated					
Per Capita paid to District 21			\$		
Per Capita paid to National Headquarters		\$	\$		
Members who passed away during the last year:					
PAST YEAR ACTIVITIES					
FUTURE ACTIVITIES					
Donations to District 21 Scholarship Fund: \$					
Total Chapter Scholarships: \$ Number of C		hapter Sch	olarships:		
Would your Chapter like to host the next Winter Conference?		YES:	NO:		
GOOD OF THE ORDER					
Chapter President		Date			
or Secretary Signature		Date			