

**ANNUAL REPORT COVER PAGE**

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(Please use this form. Return to NSS Headquarters no later than by February 15)

Chapter Name: \_\_\_\_\_

Address of Record\* \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*This is your chapter's publicly-listed address. It will be printed in *Ad Astra* magazine and other NSS publications and will be posted on the NSS Web site. It will also be made available to the public and the media. If there are any changes, please notify the NSS Membership Director immediately, or use the Web forms at URL <http://www.nss.org/chapters/form.html>

President/Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Newsletter Name: \_\_\_\_\_

Editor/Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Chapter Bylaws Status (Please check one)

- (     ) Our Bylaws have not changed in the past fiscal year, therefore a copy is not attached.  
(     ) Our Bylaws have changed in the past fiscal year and a copy is attached

Chapter IRS Employee Identification Number (EIN): \_\_\_\_\_

- (     ) A Chapter Financial Report is attached (U.S. chapters only, not filing separately)  
(     ) A one-page (or more) Chapter Activities Report is attached  
(     ) A current Chapter Membership list is attached

Other Chapter Officers, Committee Chairs, Directors, etc. (attach additional sheets if necessary)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_