

ANNUAL REPORT COVER PAGE

AR~1

(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: _____