

Health of the Organization Report Form

MSA Chapter: _____

Executive Board Meeting Date: _____

Executive Committee

List the names, term of the position and how long that person has been active on your board.

Do you have a full active board?			
	Name	Term	Yrs. Active
President:			
Vice President:			
Treasurer:			
Secretary:			
Chapter Board Member			
Chapter Board Member			
Chapter Board Member			
Chapter Board Member			
Chapter Board Member			
Chapter Board Vendor Rep.			
Chapter Board Alternate Vendor Rep			
Executive Board Representative			
Executive Board Representative			

Current By-Laws:		When are your elections?	
Date of last revision:			

Meetings

Do you hold monthly Board Meetings?		Do you follow a meeting protocol?	
If no, how often?		Who chooses the monthly program?	
Are they held on the same day as General Meeting?		Do you have a printed Treasurer's report?	
Time allotted for Board Meetings:		Do you have printed minutes from previous meetings?	
Do you bring new people into your chapter board and groom/mentor them to go through the board positions?			

Membership

	Regular	Vendor	Life/Retiree/Honorary	<u>Total</u>
Total for Chapter				
Average number of members attending regular meetings:				

Accounting

	Balance
Treasure General Account	
Scholarship Account	

Name of person completing form: _____ **Position:** _____

Thank you for our input on this new membership and chapter review form. This information will be used at the Executive Board level to review the health of the Association and all the chapters. Please provide any suggestions at the Executive Board meeting or through email to all delegates.