

CHAPTER ACTIVITY REPORT – ASA TEXAS

Complete one form for each activity of the Chapter / fax to the State office 512.692.1923

Name of Chapter: _____

Date of Meeting: ____/____/____

Activity (check one or more):

Time: _____

_____ Membership Meeting

Place: _____

_____ Chapter Board Meeting

City: _____

_____ Speaker

Cost of Meeting Room: _____

_____ Other

Number. Attending: _____

(Specify) Speaker: _____

Topic: _____

Brief Summary of Presentation:

Food Function: (check one or more)

_____ Buffet

Liquor Service (check one)

_____ Sit-down Service

_____ Cash Bar

_____ Paid by Members Cost/Person _____

_____ Paid Bar Who paid: _____

_____ Paid by Chapter Cost/Person _____

Other:

ASA of Texas Staff Attending: _____

Other Special Guests: _____

Date that notice of meeting was mailed to members: ____/____/____

Other Comments:

Please use the back of this sheet for minutes of the business meeting. Include Treasurer's report, motions and actions taken.

Submitted by: _____