

ATHA ANNUAL CHAPTER UPDATE

Date Submitted _____ (Please submit by November 30th each year.)

Name of Chapter _____

Chapter Number _____ Region _____ State _____

Present Officers: (must be members in good standing of ATHA)

President _____ Chapter Liaison _____

Address _____ Address _____

City, ST, ZP _____ City, ST, ZP _____

Phone _____ Email _____

Names of other officers

Vice President _____

Treasurer _____

Recording Secretary _____

Corresponding Sec. _____

Term of office _____ Election Month and Year _____ Current # of members _____

Meeting places(s) - Please check all that apply:

Homes ___ Churches ___ Schools ___ Libraries ___ Other (please specify) _____

Meeting dates _____

Special events planned for current year (workshops, bees, programs, exhibits, etc.): _____

A current list of your membership must accompany this form. Include address, zip code, telephone number and e-mail. Identify each teacher (T), each supplier (S), and each rug restorer (R).

**Please return one set to: Diana O'Brien, Regional Coordinator
PO Box 310, Shelburne, MA 01370-0310**

And one set to your Regional Representative: