

## ATHA REGIONAL REP REPORT

Date Submitted \_\_\_\_\_ (Please submit to Regional Coordinator by June 30th each year.)

Region \_\_\_\_\_ List Area Covered \_\_\_\_\_

Number of Chapters in the Region \_\_\_\_\_ (Attach a list of Chapters and their Presidents.)

- Yes, the Region has filed its 990-N electronically for the current year.
- Yes, all my Chapters have filed their 990-N for the current year.  
(Obtain copies of the receipts and send them with this form.)

Regional Rep Name \_\_\_\_\_

Street Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Names of Regional Officers:

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Does your Region hold Board meetings? \_\_\_\_\_ How often? \_\_\_\_\_

Where are the meetings held? \_\_\_\_\_

List the Chapters visited since your last Report – describe the goal accomplished by the visit:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Describe activities sponsored by your Region during the past year:

\_\_\_\_\_  
\_\_\_\_\_

List Regional events planned for the current year (workshops, bees, programs, exhibits, etc.):

\_\_\_\_\_  
\_\_\_\_\_

How many welcome letters were sent to new members since last Report? \_\_\_\_\_

Comments and Suggestions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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