



MONTHLY CHAPTER REPORT

Chapter _____ Date _____

The monthly report and attachments should be faxed or mailed to the Regional Director following your Board of Directors meeting. Please fill out completely, if something does not apply please indicate by N/A.

Monthly Statistics

# of tips	# of guests	# of new members	# of terminations	Top Tipper's Name

Attachments

Tip Report Yes <input type="checkbox"/> No <input type="checkbox"/>	Attendance Report Yes <input type="checkbox"/> No <input type="checkbox"/>	Newsletter Yes <input type="checkbox"/> No <input type="checkbox"/>	Membership Roster Yes <input type="checkbox"/> No <input type="checkbox"/>
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Next Months Goals

Number of Tips	Number of Guests	Number of New Members
Board Meeting Date & Time	Board Meeting Location	
Business Mixer Date & Time	Mixer Location	
Special Event Date & Time	Special Event Location	

Business Mixer Report

Number of Members	Number of guests	Number of tips passed

Seminar Reservations & Payments

Vice Presidents & Presidents Seminar Yes <input type="checkbox"/> No <input type="checkbox"/>	Training Seminar Yes <input type="checkbox"/> No <input type="checkbox"/>	Power Seminar Yes <input type="checkbox"/> No <input type="checkbox"/>
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Most Wanted Categories

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Other Comments, Concerns, Suggestions and Goals
