

APNA Chapter Annual Report

Period: January 1 – December 31, 2018



Chapters are required to file this report by **January 21, 2019** for the period of January 1 – December 31, 2018. Please provide the following information:

Date of Report: _____

1. Chapter Name: _____

2. Current Chapter Leaders:

Term of Office: _____ From: _____ To: _____

President: _____

President-Elect: _____

Secretary: _____

Treasurer: _____

Other Current Chapter Leadership: _____

3. If the Chapter Leadership has changed during the period above, please indicate the names, positions held, and term of office of the previous board members:

Term of Office: _____ From: _____ To: _____

4. Please attach the minutes of all chapter meetings and chapter leadership meetings held for the period above.

5. _____ All funds are on deposit with APNA. The chapter has no undisclosed funds.

_____ The chapter currently has no funds, but will put any future earnings on deposit with APNA.

6. Please attach supporting documentation (registration brochures, flyers, etc...) for programs you presented for the period above.

7. Please explain the relationship of any revenue producing programs your chapter presented for the period above and how the program(s) related to the exempt purpose of the organization (education, etc...):

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8. Please list (a) the names and addresses of anyone your chapter gave a scholarship or grant to; (b) the tax exempt status of recipients; (c) relationship to recipients; and (d) the amount given for the period above:

9. Please list your chapter's programs and service accomplishments for the period above:

10. Please list the name, address, phone number and email address of the person completing this report:

Mail the completed report by **January 21, 2019** to the address below or e-mail to chaptersupport@apna.org:

American Psychiatric Nurses Association
ATTN: CHAPTER SUPPORT
3141 Fairview Park Dr., Suite 625
Falls Church, VA 22042

Questions?

Contact chaptersupport@apna.org or call 1.571.533.1928.