

CHAPTER'S ANNUAL REPORT

INSTRUCTIONS FOR COMPLETION OF THE CHAPTER'S ANNUAL REPORT:

- **Your Annual Report must be completed and submitted within 30 days after your Annual General Meeting (AGM).** The minutes of your Annual Meeting and any changes to the Constitution and By-Laws must also be submitted with this report.

NOTE: PLEASE ATTACH A COPY OF YOUR MEMBERSHIP LIST TO THIS REPORT.

- Your Annual Report must be completed on the attached form provided by IAAI
- Officers and Board of Directors must be members of the IAAI in order to hold office. Please include their IAAI member number where requested.
- Your entire report shall then be forwarded to IAAI via e-mail or regular mail.

E-mail: IAAI-chapters@firearson.com

Mail: IAAI
2331 Rock Spring Road
Forest Hill, MD 21050

CHAPTER NAME: _____

CHAPTER NUMBER: _____ DATE CHAPTER CHARTERED: _____

CHAPTER MAILING ADDRESS: _____

CHAPTER WEBSITE: _____

CHAPTER CONTACT (for use on www.firearson.com)

Name: _____ Phone or email: _____

ANNUAL CHAPTER MEETING DATE: _____

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS with either yes or no:

1. Have you adopted any changes in your Constitution and Bylaws? Yes__ No__
(Submit a copy of changes)
2. Is a copy of the minutes of your Annual Meeting attached? Yes__ No__
3. Is a copy of your membership list attached? Yes__ No__

PRESIDENT:

Term From: _____ to _____

Name: _____ I.A.A.I. Member #: _____

Address: _____

Business Phone: _____ Fax: _____ Home: _____

E-Mail Address: _____

FIRST VICE PRESIDENT:

*Term From: _____ to _____

Name: _____ I.A.A.I. Member #: _____

Business Phone: _____ Fax: _____ Home: _____

E-Mail Address: _____

SECOND VICE PRESIDENT:

*Term From: _____ to _____

Name: _____ I.A.A.I. Member #: _____

Business Phone: _____ Fax: _____ Home: _____

E-Mail Address: _____

SECRETARY:

*Term From: _____ to _____

Name: _____ I.A.A.I. Member #: _____

Address: _____

Business Phone: _____ Fax: _____ Home: _____

E-Mail Address: _____

TRAINING AND EDUCATION CHAIR:

*Term From: _____ to _____

Name: _____ I.A.A.I. Member #: _____

E-Mail Address: _____

CFI CHAIR:

*Term From: _____ to _____

Name: _____ I.A.A.I. Member #: _____

E-Mail Address: _____

*** Write "Same" if the term of office is the same as the term of office for President.**

Chapter Newsletter Editor

Name: _____

Address: _____

Business w/AC: _____ Fax w/AC: _____

E-Mail Address: _____

Membership Chair

Name: _____

Address: _____

Business w/AC: _____ Fax w/AC: _____

E-Mail Address: _____

MEMBERSHIP NUMBERS:

DUES PER YEAR: (Example: \$15.00)

Active: _____ Active: \$ _____

Associate: _____ Life: _____ Sustaining: _____

DIRECTOR:

Term From: _____ to _____

Name: _____ I.A.A.I. Member #: _____

E-Mail Address: _____

DIRECTOR:

Term From: _____ to _____

Name: _____ I.A.A.I. Member #: _____

E-Mail Address: _____

DIRECTOR:

Term From: _____ to _____

Name: _____ I.A.A.I. Member #: _____

E-Mail Address: _____

DIRECTOR:

Term From: _____ to _____

Name: _____ I.A.A.I. Member #: _____

E-Mail Address: _____

DIRECTOR:

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Name: _____ I.A.A.I. Member #: _____

E-Mail Address: _____

DIRECTOR:

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E-Mail Address: _____