

Date: _____

COPIES TO:
National President
Nat. Tax Advisor
Province Governor

SIGMA BETA SORORITY, INC.
ASSOCIATE AND AFFILIATE REPORTS

This report shall be compiled semi-annually. A copy shall be sent to the National President, National Tax Advisor and Province Governor by the **10th** of **March** and **September**.

Chapter Name: _____ **Charter City:** _____

Meetings: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Attendance: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

List all changes in membership roster since last report:

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>

List important business decisions: (include your local charity work)

1. _____
2. _____
3. _____
4. _____

Balance in Treasury: \$ _____

Please use reverse side to list any problems or suggestions which your National Officers or Province Governor can assist you with.

President

Recording Secretary