

Savannah State University National Alumni Association, INC.

ANNUAL REPORT (12 MONTH) - July 1 - June 30

CHAPTER _____

Due July 30 (annually) - Indicate (12 month) Report Period **Fiscal Year** _____

*Instructions: Please print or type. Complete the report and submit with funds to:
SSUNAA - Attn. Treasurer - POB 22843 - Savannah, GA 31403*

Chapter Information

Chapter Name	_____	Email Address	_____
Chapter President	_____	Preferred Contact #	_____
Mailing Address	_____	Alt Contact #	_____
City/State/Zip	_____	Fax #	_____

Membership Status & Alumni Recruitment Information

Annual Members (50)	_____	Total Current Members	_____
Subscribing Life	_____	Alumni indentified in Area	_____
Standard Life (500)	_____	New members recruited	_____
Prestige Life (750)	_____	Last Year's active members	_____
Diamond Life (1000)	_____		
Associate Members	_____		

Student Recruitment / Fund-raising / Friend-raising Activities - Please identify each chapter activity for report year

Please identify chapter projects

1. Students Recruited for SSU	_____	4. _____
2. No. Students Awarded Scholarships	_____	5. _____
3. _____	_____	6. _____

Investment Activities - Please indicated amount in appropriate category for the report year

Athletics	_____	Special Projects (Identify Name and Amount):
National Dues	_____	Million Dollar Campaign
Legal Defense Fund	_____	Kirbo-Conyers Scholarsip
Penny Fund	_____	60th Anniversary
Scholarship	_____	_____
Band / Music	_____	_____
Brick Campaign	_____	
Unrestricted	_____	

Total funds remitted with this ANNUAL (12 MONTH) report	\$ _____
Total contributions to SSUNAA and SSU for the period July 1, _____ to June 30, _____.	\$ _____

(ANNUAL) Chapter Report Authorization and Signature

This information is true and accurate and is released for the purpose of SSUNAA Board review and reporting as appropriate.

Chapter President _____ Date _____

Chapter Treasurer _____ Date _____

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CHAPTER _____

Due July 30 (annually) - Indicate (12 month) Report Period Fiscal Year _____

Chapter Leadership Information

Office	Chapter Officers <i>(please list)</i>	Contact Email (if none, the telephone number)
President	_____	_____
Vice President	_____	_____
Treasurer	_____	_____
Financial Secretary	_____	_____
Recording Secretary	_____	_____
Corresponding Secretary	_____	_____
Membership Chairperson	_____	_____
Student Recruitment Chairperson	_____	_____
Fundraising Chairperson	_____	_____
Events Coordinator	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____

Chapter Communication Information

Chapter Website Address: _____

Chapter Meeting Schedule:

Please check day of week and note time:

(x) Weekday	Time	Meeting Time notes, i.e. (third Tuesday, etc.)
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Chapter Meeting Location:

Indicate address of chapter meeting site. If site inconsistent, please write "rotates"

Address _____
 City _____
 State _____

Savannah State University National Alumni Association
Chapter Report Form for _____ Chapter
 Due Annually - July 30 - Indicate Report Period FY _____.

Chapter Membership Roster Information

TYPE CODE = A (Annual, L (Standard Life \$500), SL (Subscribing Life add 1, 2, 3 for pymt number), PL (Presitigious Life), DL (Diamond Life), F (Associate Member)

Mem	Title	Member Name		Street Address	City	ST	Zip	Telephone Number	Dues Amount	Total
TYPE		First Name	Last Name							
1									50	\$50
2										\$0
3										\$0
4										\$0
5										\$0
6										\$0
7										\$0
8										\$0
9										\$0
10										\$0
11										\$0
12										\$0
13										\$0
14										\$0
15										\$0
16										\$0
17										\$0
18										\$0
19										\$0
20										\$0
21										\$0
22										\$0
23										\$0
24										\$0
25										\$0
26										\$0
27										\$0
28										\$0
29										\$0
30										\$0
31										\$0
32										\$0

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Mem	Title	Member Name		Street Address	City	ST	Zip	Telephone Number	Dues Amount	Total
TYPE		First Name	Last Name							
33										\$0
34										\$0
35										\$0
36										\$0
37										\$0
38										\$0
39										\$0
40										\$0
41										\$0
42										\$0
43										\$0
44										\$0
45										\$0
46										\$0
47										\$0
48										\$0
49										\$0
50										\$0
51										\$0
52										\$0
53										\$0
54										\$0
55										\$0
56										\$0
57										\$0
58										\$0
59										\$0
60										\$0
61										\$0
62										\$0
63										\$0

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Mem	Title	Member Name		Street Address	City	ST	Zip	Telephone Number	Dues Amount	Total
TYPE		First Name	Last Name							
64										\$0
65										\$0
66										\$0
67										\$0
68										\$0
69										\$0
70										\$0
71										\$0
72										\$0
73										\$0
74										\$0
75										\$0
76										\$0
77										\$0
78										\$0
79										\$0
80										\$0
81										\$0
82										\$0
83										\$0
84										\$0
85										\$0
86										\$0
87										\$0
88										\$0
89										\$0
90										\$0
91										\$0
92										\$0
93										\$0
TOTAL Funds Submitted with this report									50	\$ 50