

**Savannah State University National Alumni Association, INC.**

**3rd QUARTER (9 MONTH) - July 1 - March 31**

**CHAPTER** \_\_\_\_\_

Due at Annual National Conference - Indicate (9 month) Report Period

**Fiscal Year** \_\_\_\_\_

*Instructions: Please print or type. Complete the report and submit with appropriate 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	_____	

<b>Total funds remitted with this 3rd QUARTER (9 MONTH) report</b>	\$ _____
<b>Total contributions to SSUNAA and SSU for the period July 1, _____ to March 31, _____.</b>	\$ _____

**(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 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 \_\_\_\_\_