



# 2010 Chapter Officials Report Form & Survey

ASIS International World Headquarters  
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*Note: All chapter correspondence from Headquarters will be sent only to the chairperson's address on record. Please submit elected and appointed officers who have paid current dues as soon as possible. Amended forms may be returned anytime throughout the year once positions are determined.*

<b>CHAPTER CHAIRPERSON INFO</b>	Chapter Name:		Chapter #:
	Chairperson's Name:		Member Number:
	Daytime phone:		Fax:
	E-Mail Address:		

<b>ELECTED OFFICERS</b>	TITLE	NAME (First & Last)	MEMBER # (Required)
	Vice Chairman		
	Secretary		
	Treasurer		

<b>APPOINTED COMMITTEE OFFICERS</b>	TITLE	NAME (First & Last)	MEMBER # (Required)
	Membership Chairperson		
	Program Chairperson		
	Chapter Newsletter Editor		
	Legislative Rep		
	ASIS Foundation Rep		
	Certification Rep		
	Placement Chairperson		
	Law Enforcement Liaison		
	Private Security Svcs. Council Rep		
	Webmaster		
Other (Specify Title)			

<b>Chapter Management Info</b>	How many times a year will your chapter meet?
	What day of the month do you normally meet?
	Do you assess local dues? <input type="checkbox"/> Yes <input type="checkbox"/> No      How much? \$____.____
	Select the month you elected officers? <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec      When do they take office?
	Do you currently have a chapter website? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What is the URL for the chapter website?
	Do you plan on conducting a local seminar/workshop with exhibits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what month do you anticipate it to be held:

**Please forward a copy of the completed form to ASIS Regions & Chapters and your RVP.**