



# 2012 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 by December 10, 2011. Amended forms may be returned anytime throughout the year if changes are necessary.*

<b>CHAPTER CHAIR INFO</b>	Chapter Name:		Chapter #:
	Chairperson's Name:		Member Number:

<b>ELECTED OFFICERS</b>	<b>TITLE</b>	<b>NAME</b> (First & Last)	<b>MEMBER #</b> (Required)
		Vice Chairperson	
	Secretary		
	Treasurer		
<b>APPOINTED COMMITTEE OFFICERS</b>	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		
	Young Professionals Liaison		
	Safe Cities Liaison		
Other (Specify Title) *See Policy and Procedure 4000			

<b>Chapter Management Info</b>	How many times a year will your chapter meet? (Minimum of 6 meetings per year)
	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?
	What is the URL for the chapter website?
	Has the chapter filed a 990-N with the Internal Revenue Service for the previous year? (US Chapters Only) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has the chapter registered with the appropriate government agencies? (International Only) <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain:
	Is the chapter in compliance with your country's specific privacy laws? (International Only) <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain:
Do you plan on conducting a local seminar/certification review/workshop? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is it and what month do you anticipate it to be held:	

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