



Comprehensive Chapter Status Update Form4

Blacks In Government, P.O. Box 2931, Washington, DC 20013-2931

INSTRUCTIONS: Please complete form in its entirety {type or print all information}. Return Form to RXIC Recording Secretary at the Regional Council Meeting, or mail to the above address.

OFFICIAL CHAPTER NAME: _____

CHAPTER MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AGENCY AFFILIATION: DoD NON DoD {Specify} _____

AGENCY HEAD/COMMANDER/bldg. ADMINISTRATOR {To whom you submit your letter of resignation} _____

CHAPTER OFFICERS {Elected positions only}:

POSITION	NAME	EFFECTIVE (MO/YR)	DURATION (MO/YR)	TELEPHONE NUMBER	OCCUPATION (OPTIONAL)
PRESIDENT:	_____	_____	_____	_____	_____
VICE PRESIDENT:	_____	_____	_____	_____	_____
1 VICE PRESIDENT:	_____	_____	_____	_____	_____
2 VICE PRESIDENT:	_____	_____	_____	_____	_____
TREASURER:	_____	_____	_____	_____	_____
SECRETARY:	_____	_____	_____	_____	_____
RECORDING SECRETARY:	_____	_____	_____	_____	_____
OTHER {Specify}:	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ELECTED CHAPTER REGIONAL REPRESENTATIVES {Maximum of three [3]}:

1)	2)	3)
ADDR: _____	ADDR: _____	ADDR: _____
MBRSH# _____ EXPDT _____	MBRSH# _____ EXPDT _____	MBRSH# _____ EXPDT _____
BUS. PHONE _____	BUS. PHONE _____	BUS. PHONE _____
E-MAIL _____	E-MAIL _____	E-MAIL _____
OCCUPATION (Optional) _____	OCCUPATION (Optional) _____	OCCUPATION (Optional) _____

REGIONAL REP COMMITTEE INTEREST{S}: {See RXI Council Schematic for Committee names and responsibilities}

REP 1: _____

REP 2: _____

REP 3: _____

REP EXPERTISE and/or INTERESTS {Computers:Budget:Mentor:Organizational Skills:Bowling, etc.}

REP 1: _____

REP 2: _____

REP 3: _____

CHAPTER MEETINGS {PLEASE CHECK ONE}:

Monthly Bi-Monthly Quarterly Other

DAY OF THE WEEK {Every 3rd Thursday, etc...}: _____

TIME: _____

LOCATION: _____ Secure Area? No Yes If YES, is excort required? No Yes

CHAPTER ELECTIONS HELD (MONTH): _____

CHAPTER INSTALLATIONS HELD (MONTH): _____

Does your site have Video Teleconferencing capabilities? Yes No

If yes, can your Chapter reserve for use? Yes No

Does your Chapter produce a newsletter? Yes No

If yes, how often? Monthly Semi-Annually Annually

Chapter Programs {Examples: Adopt-A-School, Mentorship, Support Group, Lawyer Referral, etc.}

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Possible suggestions for monthly proactive 60-Minute Training, Accomplishments, Progress & Education {P.60 T.A.P.E.} Sessions

1. _____
2. _____
3. _____

State one {1} major improvement that the Regional Council could accomplish to better serve your Chapter {Be very objective}

Signatures Chapter President: **Sign:** _____ **Date:** _____

Type: _____

Chapter Secretary: **Sign:** _____ **Date:** _____

Type: _____

Chapter IRS Employer Identification Number (EIN):