Mississippi Society Sons of the American Revolution

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**Chapter Report to the State Secretary**

Date of Report: Name of Chapter:

**Officers**

President: Vice President:

Secretary: Treasurer:

Registrar: Other:

Other:

Chapter Website Updated? Chapter IRS N-990-N filed for previous year:

**------------- List chapter membership information since your last report -------------**

Current Chapter Membership: Number of Applications Pending:

Number of Prospective Members: Number of Members Inducted:

Names of New Members:

Deceased Member:

**List SAR certificates, medals, awards presented by the chapter since last report**

Award: Recipient: Date:

Award: Recipient: Date:

Award: Recipient: Date:

Award: Recipient: Date:

Award: Recipient: Date:

Provide a summary of SAR programs or Memorial programs in which the chapter participated since your last report, including the date of the program:

ROTC:

JROTC:

Knight Essay:

Rumbaugh Oration:

Scout:

Veterans:

Other:

Other:

---------------------- List chapter meeting information since your last report ------------------------

Regular meeting location: Regular meeting date:

Regular meeting time:\_\_\_\_\_ Number of members attend: Number of guest attending: \_\_\_\_\_\_

Average number prospective members attending:\_\_\_\_ Meeting dates since last BOM:

Special Guests:

Speakers and Programs

Speaker’s Name: Topic of Speech:

Speaker’s Name: Topic of Speech:

Speaker’s Name: Topic of Speech:

Program:

Date of next meeting: Place of next meeting (if different from above):

----------------------------- Other items or comments not included above: -------------------------------

Comments:

Signature / Submitted By: Date:

Note: Please report anything that the MSSSAR could do to improve your chapter’s ability to

continue to grow and continue to prosper within the Comments section.

**Use this page as space to supplement the information asked for on pages one, two and three, or to include additional information that was not requested on pages one or two.**

**Additional Information**