

ASA Chapter Worksheet



Annual Steering Committee Election Date: _____

Chapter contact for ASA website: Name: _____

Contact phone: _____

Contact email: _____

Monthly public meeting date and location (monthly required; can meet more)

Example: Second Tuesday every month, Location address or TBA

Steering Committee Positions (5 required—up to 10 people)

Suggested: Chair, Vice Chair, Secretary, Treasurer, Outreach

Name: _____

Position: **Chair**

Email: _____

Phone: _____

Address: _____

Name: _____

Position: _____

Email: _____

Phone: _____

Address: _____

Name: _____

Position: **Vice Chair**

Email: _____

Phone: _____

Address: _____

Name: _____

Position: _____

Email: _____

Phone: _____

Address: _____

Name: _____

Position: **Secretary**

Email: _____

Phone: _____

Address: _____

Name: _____

Position: _____

Email: _____

Phone: _____

Address: _____

Name: _____

Position: **Treasurer**

Email: _____

Phone: _____

Address: _____

Name: _____

Position: _____

Email: _____

Phone: _____

Address: _____

Name: _____

Position: _____

Email: _____

Phone: _____

Address: _____

Name: _____

Position: _____

Email: _____

Phone: _____

Address: _____

Info for local listserv *(check one)*

Announcement Only Moderated Non-Moderated

Who will announce or moderate? _____