

ALPHA KAPPA MU HONOR SOCIETY

CHAPTER REPORT FORM

Chapter Name: _____

College/University _____

Chapter Advisor: _____

Name: _____

School Address: _____

Home Address: _____

City, State, Zip Code: _____

Phone: (work) _____ Home _____ Cell Phone _____

Email address: _____

Goals and objectives of Chapter: _____

Activities during Reporting Period:

Assessment of Activities (Strengths and Weaknesses):

Special Honors Won by Chapter or by Chapter Members:

Chapter Report Form

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Projections of Future Activities:

Number of Inductees

Current Officers:

President

Vice-President

Secretary

Treasurer

Report submitted by: _____

Home Address:

College/University Address:

Telephone Numbers: (Home)

(Office)