

The Auxiliary to the American Veterinary Medical Association
Promoting and Supporting the Veterinary Profession

ANNUAL MEETING REPORT FORM

Submit to: 1931 Meacham Rd. Ste. 100
Schaumburg, IL 60173-4360
Phone: 1-800-248-2862 Fax: 1-847-285-5732

RETURN WITHIN 15 DAYS OF ANNUAL MEETING

Please make a copy for your records Complete all blanks

Name of Auxiliary: _____

Report Submitted by: _____ Date of Meeting: _____

Date of this Election: _____ Date of Next Election: _____

How many members attended the largest gathering at your meeting? _____

How many members are on your current State Roster? (Membership figures for certificates are determined from AVMA records) _____

Be sure to list complete mailing addresses and phone numbers for your new officers.
If you do not have a President Elect, which officer, if any automatically becomes President? _____

<u>President</u>	<u>President Elect</u>
Name: _____	_____
Home Address: _____	_____
City, State, Zip: _____	_____
Phone Numbers: H: _____	_____
O: _____	_____
E-mail Address: _____	_____

<u>Vice President</u>	<u>Treasurer</u>
Name _____	_____
Home Address: _____	_____
City, State, Zip: _____	_____
Phone Numbers: H: _____	_____
O: _____	_____
E-mail Address: _____	_____

<u>Secretary</u>	<u>Membership Promotion</u>
Name: _____	_____
Home Address: _____	_____
City, State, Zip: _____	_____
Phone Numbers: H: _____	_____
O: _____	_____
E-mail Address: _____	_____

Public Relations

Newsletter

Name: _____
Home Address: _____
City, State, Zip: _____
Phone Numbers: H: _____
O: _____
E-mail Address: _____

Student Auxiliary Liaison

Other

Name: _____
Home Address: _____
City, State, Zip: _____
Phone Numbers: H: _____
O: _____
E-mail Address: _____

Name: _____
Home Address: _____
City, State, Zip: _____
Phone Numbers: H: _____
O: _____
E-mail Address: _____

Other highlights or features of your convention activities that might be of interest to other constituent auxiliaries: _____

Special Guest/s _____

Other Projects: _____

SUBMITTING THIS FORM IN A TIMELY FASHION MEETS REQUIREMENT FOR AUXILIARY TO THE AVMA PUBLICATION.

Office Use Only

Date received _____
Entered in Computer File Y N
Sent to President Y N
Sent to President Elect Y N
Form WT002 Revised 5/01