



WOVI Chapter Quarterly Report
Please fill out and present at Council Meetings

Chapter: WOVI _____ **President** _____ **Date** _____

Financial

Balance in Chapter Bank Account: _____

Bank Name and Location: _____

Signatories on Account: _____

Chapter EIN _____

Leadership

Status of Chapter Executive Committee

Open positions (if any): _____

Recent changes or appointments: _____

Membership

Total Number of Paid Members: _____ New Members this Quarter: _____ Year to Date: _____

Mentor Assignment: Number assigned: _____ Number reassigned: _____

Meetings

Program Topics: _____

Attendance: _____

Plans for Future Meetings: _____

New Member Orientation: _____

Chapter Goals

New members: Per month: _____ End of year: _____

Attendance per meeting: Per month: _____ End of year: _____

Best Practices

Use this space to share any specific parts of the meeting, action of your Executive Committee, membership involvement that is working well for your chapter.

