



4400 College Blvd ❖ Suite 220 ❖ Overland Park, KS 66211 ❖ 913/222-8666 ❖ aspmn@kellencompany.com

Chapter Resource Committee

Dear ASPMN® Chapter Leader,

As you know, each chapter of ASPMN® needs to submit an end of year report to the ASPMN® Board of Directors by January 31, 2018. We encourage that you submit your report electronically to the ASPMN® Executive Office.

The Chapter Resource and Membership Committee collates the reports. The Achievement and Recognition Committee evaluates copies of all end of year reports and the Chapter Excellence Award will be selected from these reports. This means that all chapters will potentially be considered for the award without filling out an additional application.

If you have any questions about this form, please contact Tarah Remington Brown in the ASPMN® Executive Office at Tarah@aspmn.org.

Sincerely,

Marti Michel, DNP, RN, PCNS-BC

mmichel@iuhealth.org

ASPMN® Chapter Resource and Membership Committee Chair



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Chapter Annual Report Form Due January 31

Chapter Name: _____

President Name: _____

President's Mailing Address: _____

This report is reflective of information occurring during January 1, 2017 through December 31, 2017.

Business

Check those that apply:

All board and committee meeting minutes are on file with the chapter

Chapter needs assessment completed; please attach a copy

Bylaws reviewed annually

Changes No changes (attach amendments)

Tax Identification Number: _____

Annual report filed in State of Incorporation (same state in which Articles of Incorporation were filed)

State filed in: _____ Date filed: _____

Date your chapter was registered (chartered) at the Executive Office: _____

Tax Exempt Organization?

Yes, our chapter filed IRS Form 1024 (please attach a copy)

No, our chapter is not currently tax exempt

Tax Return for 2017 (2017 return due to IRS on or before May 15, 2017)

Yes, our chapter will file its 990EZ or 990N by May 15 and a copy will be provided by May 31, 2018.

_____ No, what tax return? Please see Annual Obligations attached hereto immediately.

A. List dates of business meetings:

B. List recognition/awards given and chapter-funded tuitions/seminars, and name of recipient(s):

C. List last year's goals and how accomplished; or work in progress to accomplish:

D. List any community service or education sponsored by the chapter:

E. List chapter committees and chairs:

F. List any fund-raising efforts:

G. List chapter members that served this year as ASPMN® Board of Directors Members, Committee Chairs, or Committee Members:

H. List any Chapter work with Legislators or Government Agencies:

I. How do you encourage members to be involved with chapter activities?

J. How do you welcome new or transferred members?

Membership (Attach current membership list – please note all chapter members must also be national members)

Check all that apply:

Membership records on file

All chapter members are members of ASPMN®

Do you have a chapter newsletter (please attach a copy)

Yes

No

How are members reminded to renew their annual memberships?

Current chapter annual dues:

List the following numbers of members:

Active members	
International members	
Student members	
Honorary members	
Lifetime members	
Total number of chapter members	

New members this year:

Chapter membership has:

Remained the same

Increased

Decreased

Educational (enclose conference brochures)

Minimum of one per year

Please list educational programs:

Topic	Speaker(s)	Attendance	Sponsor	CEUs
				Y N
				Y N
				Y N
				Y N
				Y N

Chapter Goals for upcoming year

Please list:

Do you have a research committee?

Yes No

How has your chapter supported pain management nursing research?

Other

1. Attach a list of Chapter officers and **term of office**.

Will a new President take charge in 2018?

Yes No

If yes, who and when will that be? _____

2. List any concerns/problems that your chapter is facing.

3. How can the Executive Office assist your chapter?

Financial ([Attach bank statements from January & December only](#))

Check all that apply:

_____ Financial records on file _____ Annual audit of financial records

Legal & Tax Information

Please be sure to file your 990EZ or 990N on or before May 15. You may incur a penalty with the IRS if you do not meet this requirement.

We have reviewed the foregoing information and commit to file any and all tax (national and state) filings as required. We will also ensure this information is shared with the succeeding president and treasurer to ensure future chapter compliance.

Signature of Chapter President: _____

Nursing License of President: _____

Email address of Chapter President: _____

Signature of Treasurer: _____

Email Address of Treasurer: _____

Nursing License # of Treasurer: _____

Date: _____

Send to:

ASPMN® Executive Office
Attn: Tarah Remington Brown
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