

Virginia State University Alumni Association, Inc.
Annual Preliminary Report for
Chapter Programs

FY ENDING: _____ **As of Date:** _____

**Please complete the information below and forward to a Virginia State University Alumni Association, Inc.
P.O. Box 2488, Petersburg, VA 23804. Attention: APRCP.**

Due Date: _____

Chapter: _____

Physical Address: _____

Mailing Address: _____

Telephone No: _____

E-mail Address: _____

*The Virginia State University Alumni Association, Inc. is organized for the mutual benefit and prosperity of
Virginia State University, its graduates, former students, and others committed to our Alma Mater.*

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I. MEMBERSHIP

Officer	Name	Address	E-mail & Tele. No
President			
Vice President			
Recording Secretary			
Corresponding Secretary			
Financial Secretary			
Treasurer			
Chaplain			
Parliamentarian			
Historian			
Board Representative			

Total Life Membership:

Total General Membership including Life:

Chapter Dues:

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III. FUND RAISING

Events	Description	Gross Income	Net Income
		\$	\$
	Totals		

IV. OTHER ACTIVITIES/PROGRAMS

Events	Description/Purpose	Accomplishments

President _____
 Signature _____
 Treasurer _____
 Signature _____

Date Authorized _____
 Date Authorized _____