



Biennial Review of ASLTA Chapters

Directions: Please fill out this form and submit it on **April 29, 2011, Friday**. Send it as an attachment to Dorothy M. Wilkins, Interim Chapter Affiliated Chair at yogangel@aol.com.

A. Name of ASLTA Chapter

B. Date of most recent election:

C. Current slate of officers for term of: **2011 -2013**

1. **President:**

Mailing

Address: _____

E-Mail

Address: _____

2. **Vice-President:**

E-Mail

Address: _____

3. **Secretary:**

E-Mail

Address: _____

4. **Treasurer:**

E-Mail

Address: _____

5. **Professional Development Coordinator:**

2 2011 Biennial Review of ASLTA Chapters

E-Mail

Address: _____

6. **Other positions, please identify:**

Members at Large:

D. Attach the current # of chapter members

E. Attach a copy of current chapter bylaws

F. According to the bylaws, each affiliated chapter must host at least two workshops per year. Total must be four during the 2-year period. Please attach original flyer and attendance list for each workshop.

Workshop #1:

Date: _____

Title: _____

Presenters: _____

of Participants: _____

Workshop #2:

Date: _____

Title: _____

Presenters: _____

of Participants: _____

Workshop #3:

Date: _____

Title: _____

Presenters: _____

of Participants: _____

Workshop #4:

Date: _____

Title: _____

Presenters: _____

of Participants: _____

Additional workshops:

Workshop #6:

Date: _____

Title: _____

Presenters: _____

of Participants: _____

Workshop #7:

Date: _____

Title: _____

Presenters: _____

of Participants: _____

All attached information is accurate and current to the best of our knowledge.

Professional Development Coordinator

President

Date

Date

If sending on email not possible, please mail all information to:

National ASLTA
ATTN: Chapter Affiliated
PO Box 92445
Rochester, NY 14692-9998

For National ASLTA only:

Reviewed and approved by: _____

Date: _____

File with National ASLTA: _____
