



Other Officer - Member Report Form

Name: _____ Chapter: _____
Phone Number: _____ School: _____
Email Address: _____ Officer Term Began: _____
Date: _____ Officer Term Ends: _____

Instructions: *Please complete this form and return it your chapter President. This form must be submitted two weeks prior to your chapter's scheduled visit. For this meeting, please bring your officer materials and all documentation related to your office.*

Describe the responsibilities and expectations for your office (if applicable):

What are your goals for your term and what progress have you made so far?

How do you feel the chapter is doing? Where do you feel it can improve?

Is there anything else you would like to discuss with the CFR?