



HEALTH MINISTRIES ASSOCIATION

Chapter Annual Report (Due January 31st)

Chapter Name: _____ Year: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail: _____

CURRENT OFFICERS & DATES OF TERM:

President/Chair: _____

E-mail: _____ Dates of Term: _____

Vice President/Chair: _____

E-mail: _____ Dates of Term: _____

Secretary: _____

E-mail: _____ Dates of Term: _____

Treasurer: _____

E-mail: _____ Dates of Term: _____

Other Officer: (Title, Name) _____

E-mail: _____ Dates of Term: _____

Number of Chapter Members: _____ (Please attach a membership list for year of report)

Number of Membership Meetings: _____ Number of Board Meetings: _____

Meetings & Programs/Activities Held: (Please provide title & brief description of each program/activity held)

(Attach additional sheet if needed)

Future Goals or Plans:

Mail Annual Report, Chapter Membership List
& Financial Report to:

HMA Chair for Chapter Development
c/o Mercy Health Ministry
3400 Data Drive
Rancho Cordova, CA 95670

Annual Report Due: January 31st

Annual Report Delinquent: March 1st

Chapter will be considered Inactive if no report received by April 30th.