



2008 Chapter Annual Report

All chapters are required to submit an Annual Report to be eligible for benefits. Please submit your report by June 1 to ensure you receive full benefits.

Please contact us to acknowledge receipt of this report.

Return this form to:	To contact chapter staff:
International Code Council Attn: Manager, Chapter Programs 1245 Sunbury Road, Suite 100 Westerville, OH 43081-9444	Phone: 1-888-ICC-SAFE (422-7233), ext. 7205 Fax: (614) 890-9712 chapters@iccsafe.org www.iccsafe.org/government/chapters/
<i>If you have faxed your report and confirmed receipt, there is no need to mail an original copy.</i>	

Contact Information

Chapter Name: _____

Your Name: _____ Chapter Title: _____

Phone #: (_____) _____ Fax #: (_____) _____

E-Mail: _____

Bylaws

1. Please attach a copy of your chapter constitution or bylaws if any changes have been made in the past year.

Geographical Area

2. Give us a description of the geographical area served by your chapter if any significant changes have been made in the past year.

Statistical Data

3. How many members do you have in your chapter? (For regional chapters, list how many chapters participate in the region.) _____
4. How many of your chapter members also have an ICC membership (i.e. Governmental, Associate, Professional, Cooperating, Certified, Student, Corporate or employees of Governmental or Corporate Members)? (Regional chapters may ignore this question.) _____
5. What year was your organization first established? _____

Officers

6. Submit a current list of chapter officers including names, addresses, phone number, fax number and e-mail addresses. You may use the spaces below or attach your own list.

PRESIDENT:

[Name]

[Company/Jurisdiction]

[Address]

[City, State/Province, Zip Code, Country]

[Telephone #] [Fax #]

[E-Mail Address]

SECRETARY:

[Name]

[Company/Jurisdiction]

[Address]

[City, State/Province, Zip Code, Country]

[Telephone #] [Fax #]

[E-Mail Address]

VICE PRESIDENT:

[Name]

[Company/Jurisdiction]

[Address]

[City, State/Province, Zip Code, Country]

[Telephone #] [Fax #]

[E-Mail Address]

TREASURER:

[Name]

[Company/Jurisdiction]

[Address]

[City, State/Province, Zip Code, Country]

[Telephone #] [Fax #]

[E-Mail Address]

2nd VICE PRESIDENT:

[Name]

[Company/Jurisdiction]

[Address]

[City, State/Province, Zip Code, Country]

[Telephone #] [Fax #]

[E-Mail Address]

EDUCATION/TRAINING CONTACT:

[Name]

[Company/Jurisdiction]

[Address]

[City, State/Province, Zip Code, Country]

[Telephone #] [Fax #]

[E-Mail Address]

Meetings

7. Please list the dates of **CURRENT OR FUTURE** general membership and board meetings. Also, indicate the purpose of each meeting, i.e., annual meeting, election of officers, general membership meeting, board meeting, education, etc.,

MEETING:

Date(s): _____

Purpose: _____

Location: _____

MEETING:

Date(s): _____

Purpose: _____

Location: _____

MEETING:

Date(s): _____

Purpose: _____

Location: _____

MEETING:

Date(s): _____

Purpose: _____

Location: _____

MEETING:

Date(s): _____

Purpose: _____

Location: _____

MEETING:

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Purpose: _____

Location: _____

