

NATIONAL SOCIETY SOUTHERN DAMES OF AMERICA

IMPORTANT: REPORTING FORM

ALL STATE SOCIETY INFORMATION may be recorded on ONE REPORTING FORM:

- State Presidents should assemble all information and enter on the REPORTING FORM.
- State Presidents should attach a Narrative Report of the State Society's activities.
- Note to State Societies with Chapters: Chapter Presidents should use this form to report to State President.

State Presidents: Please send a copy of your State Report to EACH National Officer listed:

National President, 1st Vice President, 2nd Vice President, Chaplain, Recording Secretary, Registrar, & Historian.

Send by *US Mail* or *Email* (if sending by Email, type questions and answers on a WORD Document and attach)

Each National Officer's address & email address listed on page 2 of *The Journal*. Retain a copy for your files.

The State President's Narrative Reports are presented at the National Assembly.

If the State President is unable to attend, the narrative report will be filed with the National Recording Secretary.

State Society President's Report

Deadline May 25th (covering the period May 1, 2014 to May 1, 2015)

Include: Name of State Society _____

State President's Name: _____

Address: _____

Telephone number: _____ Email address: _____

Date and Location of State Assembly _____

Number of members attending State Assembly _____

Number of members in State Society _____ Number of new members _____

\$ _____ Monetary donations to support Southern cultural and historical programs

List Outstanding Southern programs:

EYE PROGRAM REPORT

State Eye Chairman _____

Number of eyeglasses collected and donated _____

One Eye Program each year? Yes _____ No _____ List outstanding Eye Programs:

\$ _____ Amount donated for ophthalmic research or aid to the visually impaired

List of Beneficiaries: _____

\$ _____ Monetary contributions to Seeing Eye Dog Programs

\$ _____ Donations to Eye Banks

\$ _____ Donations to Blind/Braille organization

Describe any assistance given to the blind and visually handicapped:

CHAPLAIN'S NECROLOGY REPORT

Number of members deceased _____

Include: Name, NSSDA Number, Date of death, Obituary if available, Name and address for next of kin.

(Attach list on a separate sheet, if necessary. Information may be emailed to National Chaplain.)