

Membership Report

Chapter Name: _____

Chapter No.: _____

Membership Director: _____

Address: _____

Telephone: _____

1. **Number of Chapter Members: March 1** _____
Number of Chapter Members: February 28 _____

Please complete the following information for the time period March 1 to February 28
(For additional information, please attach a separate sheet of paper):

2. **Did you have a "Rush" Program** Yes No
Describe the Program/Event on a separate sheet of paper

3. **Number of Pledges** _____
Name(s) _____ Sponsor _____

4. **Number of Legacies** _____
Name(s) _____ Sponsor _____

5. **Number of MAL & Inactive Members Reinstated** _____
Name(s) _____ Sponsor _____

6. **Number of Transferred In Members** _____
Name(s) _____ Sponsor _____

7. **Number of Associate Members** _____
Name(s) _____ Sponsor _____

8. **Did you Sponsor a New Chapter(s)** Yes No
Name(s) _____ Sponsor _____

9. **Number of Members who went inactive MAL or transferred** _____
Date _____ Name _____ Reason _____
Date _____ Name _____ Reason _____

10. **MSC "Involvement Award" (On a separate sheet of paper)**

Explain how your Chapter involved new pledges and reinstates in your Chapter activities to make them feel part of the Chapter. Explain how you helped fit your Chapter to the needs of your new members.

Please return this form by March 1 to:

Ruth Williams
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St. Charles, MO 63303
(636) 751-0269
ruthannwms7@gmail.com