

ACM Chapter Viability Plan

Please use this form to map out your Chapter's strategy for becoming active and the events which will help it to do this:

GENERAL INFORMATION

Chapter Name:

Type: General Interest / SIG / (please circle as appropriate)

Address:

Telephone:

Fax:

Contact Email:

Current total number of chapter members:

Next election date:

CHAPTER STRATEGY *(Steps to Take)*

UPCOMING ACTIVITIES

Activity 1

Activity 2

Financial Information:

Please provide banking information as best you can

Bank name: Account #:

Opening balance:

Closing Balance:

ACM Chapter Officer List

Chapter Name:

Faculty Sponsor Name:

Member Number:

Email:

Name:

Position:

Member Number:

Email:

Name:

Position:

Member Number :

Email:

Name:

Position:

Member Number:

Email:

Name:

Position:

Member Number:

Email:

Enter the names and email addresses of all your additional chapter members. These individuals must be willing to carry out the chapter's mission and participate in activities.

Report Submitted by:

Position:

Email address:

Date:

Send Completed Viability Plan to:

ACM Local Activities

2 Penn Plaza

Suite 701

New York, NY 10121

Or email: local_activities@acm.org

Or fax: 1-212-944-1318