



Kappa Kappa Psi & Tau Beta Sigma National Honorary Band Fraternity and Sorority FALL ACTIVITY REPORT



INSTRUCTIONS: Please TYPE or PRINT CLEARLY, answering all questions to the best of your ability. Confirm all information with the appropriate officers and discuss the information to be provided with the chapter sponsor and membership. **This form must be properly filed in the National Headquarters and with District Governors and Counselors** postmarked by DECEMBER 1 and becomes delinquent after that date. Please return the completed form to:

Kappa Kappa Psi & Tau Beta Sigma, National Headquarters, P.O. Box 849, Stillwater, OK 74076-0849

Chapter: _____ KKYΨ _____ TBS _____

Chapter Mailing Address (see note below): _____ City: _____ State: _____ ZIP+4: _____

Chapter Physical Address (see note below): _____ City: _____ State: _____ ZIP+4: _____

College/University: _____ District: _____

Chapter Phone: _____ Chapter Web Site: _____ Chapter E-mail: _____

Report Prepared By: _____ Email: _____ Date: _____

SECTION I - CHAPTER LEADERSHIP/COMMUNICATION

NOTE: The information provided below will be used in next years Chapter Directory. Please provide all information including telephone numbers. Bulk mailing procedures require **CORRECT** and **COMPLETE** address information. If your mailing address is a U.S. Post Office box, specify "P.O. Box" in your address. If your mailing address is a campus mailbox, specify "Campus Box" number. **PODIUM** shipments require a physical address (i.e., a street name and number or a building and room number), **not** a U.S. Post Office box.

Sponsor Information

Sponsor: _____	Director of Bands: _____
Sponsor Address: _____	Director of Bands Address: _____
_____	_____
City: _____	City: _____
Sponsor Phone: _____	Director of Bands Phone: _____
Sponsor E-mail: _____	Director of Bands E-mail: _____

Chapter Officers

Date these officers were elected: _____

President: _____	Corresponding Secretary: _____
Vice President: _____	Treasurer: _____
Recording Secretary: _____	Alumni Secretary: _____

SECTION II - NATIONAL OBLIGATIONS

1. Number of Active Members' Dues Paid: _____
2. Number of Conditional Members' Dues Paid: _____
3. Number of Associate Members' Dues Paid: _____
4. Number of Initiates Registered This Fall: _____
5. Number of Honorary Members Registered This Fall: _____

SECTION III - ACTIVITIES

Describe the service, social, community, financial, and leadership projects undertaken by your chapter during the fall. Please indicate if the project was joint or separate, and if it is an ongoing project. Please staple additional pages to this form.

Required Signatures
(do not return form without them)

Chapter President Date Signed

Chapter Sponsor Date Signed