

Sorority
Year _____ - _____

CHAPTER MONTHLY REPORT

BETA SIGMA PHI, P.O. BOX 8500
KANSAS CITY, MISSOURI, U.S.A., 64114

THIS CHAPTER MONTHLY REPORT SHOULD BE MAILED TO INTERNATIONAL BY THE END OF THE MONTH ALONG WITH MINUTES FOR YOUR CHAPTER AND EXECUTIVE BOARD MEETINGS.

CHAPTER NAME

CITY

STATE CHAPTER NUMBER

FIRST MEETING				SECOND MEETING				MONTH OF MEETINGS				ATTENDANCE RECORD			
NUMBER OF MEMBERS		NUMBER OF MEMBERS		CHECK ONE ONLY								Fill in P for present; E for excused absence; UA for unexcused absence; LA for leave of absence.			
PRESENT	ABSENT	PRESENT	ABSENT									PERMANENT MEMBER NO.	1st meeting	2nd meeting	
					JAN.				JULY						
					FEB.				AUG.						
					MARCH				SEPT.						
					APRIL				OCT.						
					MAY				NOV.						
					JUNE				DEC.						
PROGRAM HELD				PROGRAM HELD											
CHECK ONE				CHECK ONE											
Y	YES	Y	YES												
N	NO	N	NO												
PLEDGE TRAINING				PLEDGE TRAINING											
CHECK ONE				CHECK ONE											
Y	YES	Y	YES												
N	NO	N	NO												
												*Additional members list on back.			
												1st MEETING		2nd MEETING	
TOTALS												PRESENT			
												ABSENT			

