



National Council on Family Relations

Affiliate Information		
Chapter Name: _____ Submitted: _____		
Address: _____ President _____		
: _____		
Report Start & End Date: _____		
Board & Committee Meetings	Date	Purpose
Projects	Date	Progress
Annual Conference * Theme * Date * Place		
Other Educational Meetings * Date * Purpose		

Affiliate Board Members

Affiliate:	President:
Term of Office:	Date:

List Positions in your affiliate	Name	Address	Phone	E-Mail

- Total number of members: _____ Affiliate only members: _____
(Including faculty)
Attach a list of names and address for affiliate only members.
- Attach a financial report.
- Submit a report describing how your council has recruited NCFR members.
- Please attach all appropriate minutes, activities, flyers etc.
- Please report awards and recipients.