



2017 Component Annual Report

Due January 31, 2018

Chapter Name: _____

School: _____

2017 Chapter Secretary: _____

Official Chapter Information:

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

e-mail Address: _____
(MUST be an email address that goes directly to the chapter secretary listed above)

Program Director Information:

Name: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

e-mail address: _____

Component Chapter Employee Identification Number: _____
(Required by IRS)

Component Chapter By-Laws Enclosed or attached Yes No
(Only include if revised since last submission)

Component List of Electees Names Yes No
and Addresses Enclosed



2017 Summary of Annual Activities

Chapter Name: _____

2017 Annual Induction Ceremony Date: _____

2017 Annual Meeting Location: _____

2017 Annual Meeting Date: _____

2017 Officers:

President: _____

e-mail: _____

Vice-President/President-Elect: _____

e-mail: _____

Secretary/Treasurer: _____

e-mail: _____

Non-profit eligibility maintained (income below \$50,000.00) Yes No

List of scholarships sponsored and/or other funding support provided during 2017:

(name of scholarship/activity, amount, and recipient name)

List of component activities during 2017:

(fundraising activities, continuing education, events, etc)

Signature: _____ Date: _____

(MUST be by the chapter secretary listed above)

ANNUAL DUES MUST BE CURRENT FOR SIGMA PHI ALPHA TO PROCESS ORDERS.

Remit this form to:

Teresa B. Duncan, RDH, MDH – SPA Treasurer
School of Dentistry, Department of Dental Hygiene
2500 North State St.
Jackson, MS 39216