



## 2019 Component Annual Report

Due January 31, 2020

Chapter Name: \_\_\_\_\_

School: \_\_\_\_\_

2019 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



## 2019 Summary of Annual Activities

Chapter Name: \_\_\_\_\_

2019 Annual Induction Ceremony Date: \_\_\_\_\_

2019 Annual Meeting Location: \_\_\_\_\_

2019 Annual Meeting Date: \_\_\_\_\_

### **2019 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 2018:**

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

\_\_\_\_\_  
\_\_\_\_\_

### **List of component activities during 2019:**

*(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:**

Angie Garner – SPA  
School of Dentistry, Department of Dental Hygiene  
2500 North State St.  
Jackson, MS 39216