



CHAPTER ACTIVATION AND ANNUAL REPORT FORM

Association of Christian Teachers and Schools (ACTS)

Date _____ State _____

Sponsoring District(s) _____

CE Director(s) _____

Chapter Liaison _____

Address _____

Phone _____ Fax _____

Other officers:

Name _____ Office _____

Address _____

Phone _____ Fax _____

Name _____ Office _____

Address _____

Phone _____ Fax _____

Name _____ Office _____

Address _____

Phone _____ Fax _____

Name _____ Office _____

Address _____

Phone _____ Fax _____

Attach the following items for initial chapter activation:

1. Minutes of first organization meeting showing election of officers
2. List of individuals and schools which are members of ACTS

Attach the following items for annual report: (Note: Report due NLT Oct. 31 each year)

1. Minutes of all business meetings since last report
2. List of individuals and schools which are members of ACTS
3. Report of annual conference

Mail form and supporting documents to:

Executive Director, ACTS
Christian School Services
1445 North Boonville Ave.
Springfield, MO 65802