



ASPA Section Information Form

*Current leadership is responsible for submitting the form, which is due annually by March 5.
All fields are required and the report must be shared with the Section's leadership.*

Fiscal year:	Fiscal year ends:
EIN number:	Section name:
Preparer's name:	Officer position:
Date (MM/DD/YY):	Email:
Section leader reviewer's name:	Date reviewed (MM/DD/YY):

Section Officer Information

Leaders are elected for:	<input type="checkbox"/> 1-year term	<input type="checkbox"/> 2-year term	<input type="checkbox"/> Other: _____
Elections are held:	<input type="checkbox"/> Annually	<input type="checkbox"/> Biannually	<input type="checkbox"/> Other: _____
Chair Name:	Current Term (MM/YY – MM/YY):		
Vice Chair/Chair Elect Name:	Current Term (MM/YY – MM/YY):		
Secretary Name:	Current Term (MM/YY – MM/YY):		
Treasurer Name:	Current Term (MM/YY – MM/YY):		
Other Officer Name:	Current Term (MM/YY – MM/YY):		
Other Officer Name:	Current Term (MM/YY – MM/YY):		
Other Officer Name:	Current Term (MM/YY – MM/YY):		
Other Officer Name:	Current Term (MM/YY – MM/YY):		
Other Officer Name:	Current Term (MM/YY – MM/YY):		

Section Programming Details

What events has the Section held outside of Annual Conference?	<input type="checkbox"/> Webinars	<input type="checkbox"/> In-person meetings
	<input type="checkbox"/> Regional conf. meetings	<input type="checkbox"/> None
	<input type="checkbox"/> Other: _____	
What services does the Section offer its members?	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Journal
	<input type="checkbox"/> Email listserv	<input type="checkbox"/> Social media platform
	<input type="checkbox"/> Other: _____	
Is the Section interested in working with ASPA to produce a webinar for all members about its subject matter area? If yes, provide an appropriate point of contact.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Contact Name: _____	
	Contact Email: _____	
Is the Section interested in being featured in PA TIMES magazine? If so, provide an appropriate point of contact.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Contact Name: _____	
	Contact Email: _____	
What do you believe to be one of the greatest challenges facing the Section over the year ahead?	<input type="checkbox"/> New research	<input type="checkbox"/> Member recruitment
	<input type="checkbox"/> Member engagement	<input type="checkbox"/> Succession planning
	<input type="checkbox"/> Other: _____	
Are you interested in helping ASPA contact expired members in your Section to help them reinstate and re-engage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Financial Breakdown for the Fiscal Year

Fund Balance at start of fiscal year:
Total Revenue (including Section rebate):
Total Expenses:
Fund Balance at end of fiscal year:

Electronic Fund Transfers

Please skip this section if you are already enrolled or choose not to enroll in Electronic Fund Transfers.

Financial institution:	
Branch:	City:
Account number:	Routing number:
Notice of understanding for electronic transfer service As a duly authorized signer of the financial institution account identified below, I authorize ASPA to perform scheduled or periodic electronic fund transfers for Section member rebates. In addition, I understand the Section must maintain the account listed above and I must provide ASPA notice in writing of termination or updates of electronic fund transfer services.	
Signature:	Date (MM/DD/YY):

Notice of Understanding:

By submitting this form, we, the Section officers, certify and understand that:

- Any and all real or anticipated liabilities incurred by the Section are the sole responsibility of the Section.
- Dues payments may be withheld in the event that we do not submit regular and accurate financial forms.

Signature:

Date (MM/DD/YY):