

EXHIBIT C

2019 Chapter Annual Report Form

Reporting Year: 2019

Election Date _____

Chapter Name (Official Name)

Mailing address of Headquarters (if applicable)

City/State/Zip

Telephone

Fax

Website

Chapter Officer (please list):

President

Employer Name

Work Title

Mailing Address

City

State

Zip

Telephone

Fax

E-Mail Address

President-Elect

Employer Name

Work Title

Mailing Address

City

State

Zip

Telephone

Fax

E-Mail Address

Education Liaison

Employer Name

Work Title

Mailing Address

City

State

Zip

Telephone

Fax

E-Mail Address

AHVRP Liaison

Employer Name

Work Title

Mailing Address

City

State

Zip

Telephone

Fax

E-Mail Address

State/Federal Tax Status

At the filing of this report, is the Chapter:

- A. Incorporated Yes No If so, please provide Articles of Incorporation.
- B. Chapter has Tax Exempt Status with the IRS Yes No. If yes, please provide a current copy of your tax-exempt letter.

- C. Does the Chapter currently hold a bank account in good standing? Yes No.
- D. Does the Chapter currently have an Employer Identification Number (EIN)? If so, please provide number.