

2007 ACR CHAPTER ANNUAL REPORT FORM

PLEASE RETURN ALL FORMS BY _____

General Chapter Information

Name of Chapter: Central California Chapter

Chapter mailing address: 4882 E. Townsend Av. Fresno, CA 93727

Chapter phone number: 559-253-7202

Chapter Web Site: www.mediate.com/acrcentralca

Geographic area of membership: Central California

Staff: Yes (please fill out information below) No

Name:

Address:

Phone:

Fax:

E-mail:

Chapter Leadership and Primary Contact Information

Chapter President (Through _____)

Name:

Date Term Begins:

Date Term Ends:

Address:

Phone:

Fax:

E-mail:

President-Elect will become president on _____.

President Elect

Name:

Date Term Begins:

Date Term Ends:

Address:

Phone:

Fax:

E-mail:

Membership

1. *Please attach a copy of your Chapter's membership application.*
2. *Please send Chapter Membership List (with contact information) via email to Chapters@ACRnet.org.*

Total number of Chapter members: _____

Chapter Members who are also ACR Members: _____

Membership Dues: See membership application attached.

Is Chapter incorporated? Yes No Pending (please explain below)

If yes, date and state of incorporation: 2/6/03

Tax-exempt? Yes No

If yes, does the Chapter have:

- Independent federal tax-exempt status as a 501(c)(3)
- Group exemption with ACR
- Other tax-exempt status (please explain)

Has the Chapter purchased directors and officers liability insurance? Yes No

If yes, is the coverage through the ACR policy? Another carrier? List insurance carrier:
Through the ACR policy

Financial Information

Fiscal year: (i.e. January 1 to December 31, July 1 to June 30, etc.): calendar

Total revenue for the past year: \$

Total expenses for the past year: \$

Treasurer's Reports attached.

Meetings and Conferences

Number and nature of Chapter meetings/events held during the year (please list all programs and attach copies of your meeting, conference, workshop and training announcements, if available):

See attached announcements.

Conferences, workshops, trainings and other events sponsored by Chapter:

Were any events co-sponsored by other organizations? Please list:

Youth events sponsored by chapter:

Conflict Resolution Day events sponsored by chapter:

Diversity and Equity

Name of Chapter diversity point persons:

Please list efforts or activities designed to promote or assure diversity and equity in the Chapter's programs, presentations and recruitment efforts:

Officers and Board

Names of officers (other than President and President-Elect) and offices held:

Names of other Board members:

Other information you would like to add:

Submitted by:

Please return form and attachments to:

ACR Chapters

E-mail: Chapters@ACRnet.org

Fax: 202-464-9720

Mail: Attention: ACR Chapters

Association for Conflict Resolution

1015 18th Street, NW Suite 1150

Washington, DC 20036

***Every February an annual Activity Plan Report
will be submitted to ACR.***

Chapter Activity Plan Report

Please list by month all proposed Chapter Activities. Please include date, time, location, and contact information if possible. Please send completed form to chapters@ACRnet.org or fax to 202-464-9720.

April	October
May	November
June	December
July	January
August	February
September	March