

CMA CHAPTER ACTIVITIES QUARTERLY REPORTS

Quarter: SELECT QUARTER SELECT YEAR

Chapter Name: _____

Chapter #: _____

Officer Name: _____

Title: PLEASE SELECT

Address: _____

Phone: _____

City, ST Zip _____

Email: _____

	Month:		Month:		Month:	
SECULAR EVENTS	# Events	# Members	# Events	# Members	# Events	# Members
Dirt Drags/Races						
Major Rallies (i.e. Sturgis)						
Other:						
Other:						
TOTALS:						
Salvations:						
Rededications:						

OUTREACH	# Events	# Members	# Events	# Members	# Events	# Members
Jails/Prisons						
Church Visits						
Parades/Crusades						
Other:						
Other:						
TOTALS:						
Salvations:						
Rededications:						

FELLOWSHIP	# Events	# Members	# Events	# Members	# Events	# Members
Chapter Meetings						
Bible Study/Prayer						
Fellowship Rides						
Other:						
Other:						
TOTALS:						
Salvations:						
Rededications:						

MONTHLY OFFERINGS			
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Chapter Strengths: _____

Chapter Weaknesses: _____

Comments: _____

PLEASE SEND TO STATE COORDINATOR BY THE 10TH OF THE MONTH IMMEDIATELY FOLLOWING THE QUARTER.