

## ACM Chapter Viability Plan

*Please use this form to map out your Chapter's strategy for becoming active and the events which will help it to do this.*

### GENERAL INFORMATION

*Chapter Name:*

*Type: General Interest / SIG / (please circle as appropriate)*

*Address:*

*Telephone:*

*Fax:*

*Contact Email:*

*Current total number of chapter members:*

*Next election date:*

### CHAPTER STRATEGY *(Steps to Take)*

*For ideas on how to recruit officers & members to your chapter, please click here for "Volunteer development".*

### UPCOMING ACTIVITIES

*Please provide information for upcoming activities you would like to have.*

#### Activity 1

Type of activity:

Proposed date of activity:

Brief description of activity:

#### Activity 2

Type of activity:

Proposed date of activity:

Brief description of activity:

### Financial Information:

*Please provide banking information as best you can*

Bank name:

Account #:

Opening balance:

Closing Balance:

## ACM Chapter Officer List

*Chapter Name:*

*Name:*

*Position:*

*Member Number:*

*Email:*

*Name:*

*Position:*

*Member Number:*

*Email:*

*Name:*

*Position:*

*Member Number:*

*Email:*

*Name:*

*Position:*

*Member Number:*

*Email:*

**Report Submitted by:**

**Date:**

**Position:**

**Email address:**

**Send completed Viability Plan to:**

ACM /Local Activities  
1515 Broadway - 17<sup>th</sup> Floor  
New York, NY 10036

Or e-mail: [local\\_activities@acm.org](mailto:local_activities@acm.org)

Or by fax to: 1-212-944-1318