

Chapter Details

Please answer the following questions about your chapter's 2010-2011 year.

* **1. Our Chapter is in Region**

jm I

jm II

jm III

jm IV

jm V

jm VI

* **2. Official Name of Chapter**

* **3. Chapter #**

* **4. Chapter President who will serve next year (July 1, 2011 - June 30, 2012)**

Name:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

Phone Number:

5. Local Chapter Board Members who will serve between July 1, 2011 and June 30, 2012. If you have more board members than space provided please send the additional names with your 2010-2011 Chapter Membership list to chapters@aosa.org. ALL board members MUST be AOSA members and have dues paid by July 1, 2011. Renew conveniently at www.aosa.org!

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Membership Details

* 1. Number of local members

* 2. Number of local chapter members who are first-time members of your chapter

* 3. Number of local chapter members who are national members

4. Number of chapter members who are college students (full-time college or graduate student)

5. Number of chapter student members who are also national student members

6. Number of non-revenue members (i.e.honorary members)

* 7. How many AOSA Membership Brochures should AOSA send your chapter?

* 8. How many AOSA Conference Brochures should AOSA send your chapter?

Chapter Workshops

* 1. Number of chapter workshops

* 2. With the exception of complimentary workshops, what was the lowest amount per hour that you paid a workshop presenter this year?

* 3. What was the highest amount per hour that you paid a workshop presenter this year?

* 4. What type of credit do you offer for workshops?

College Credit

In-service Credit

None

Other

Other (please describe)

* 5. 2011-2012 Workshop Schedule

Please double-check the spelling of presenter names. Do not include the title of the workshop on this list. Refer to member workshops as Chapter Sharing. Please list the date (month and day) followed by the presenter's name.

The Chapter Workshop Calendar will appear in Reverberations and at www.aosa.org.

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Chapter Development

1. How does your chapter recruit new members?

1.
2.
3.
4.

* 2. Please share a unique success your chapter experienced this year.

* 3. Please share a key challenge that your chapter faced this year.

* 4. Did your chapter meet the goals that it established for this past year?

Yes

No

* 5. Please explain how and why your chapter did or did not meet the goals that it established for this past year.

* 6. What are your chapter's goals for the coming year?

1.
2.
3.

* 7. How can AOSA help your chapter to achieve its goals?

1.
2.
3.

*** 8. Does your chapter have a Web site?**

Yes

No

9. Web address:

*** 10. How does your chapter manage its Web site?**

11. Does your chapter utilize a social network? (i.e. Facebook, Twitter)

Yes

No

12. If so, which social networks does your chapter utilize?

1.

2.

13. May we link your page to the AOSA Web site?

Yes

No

*** 14. What priorities should AOSA focus on in the coming year?**

15. What additional features would you find most useful on the AOSA Web site?

- Lesson plans
- Workshop information
- Video clips (i.e. Best practices, conference sessions, teaching demonstrations)
- Advocacy resources
- Industry links
- Webinars

16. Other? (Please describe)

1. Thank you for your service to AOSA as President of your local chapter. If you would like AOSA to send a letter recognizing your service to the organization, please provide the contact information for the person(s) whom you wish to receive this letter in the spaces below. (Note: This might be your principal, fine arts director, or superintendent.)

Contact 1

Name:

Title:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

2. Contact 2

Name:

Title:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

3. Contact 3

Name:

Title:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

4. Is there someone from your chapter you would like to recommend for the AOSA National Board of Trustees to consider as a possible candidate for Regional Representative or National Conference Chairperson?

Name

E-mail address

Telephone

5. Please write the name and address of an educator or administrator in your area, who is not yet involved in Orff Schulwerk that would benefit from receiving additional information from AOSA.

Name:

Address:

Address 2:

City/Town:

State:

ZIP:

Email Address:

*** 6. Annual Report prepared by**

Name:

Email Address:

Phone Number:

Attachments

In order for your Chapter Annual Report to be considered complete, you must send the 2010 - 2011 Chapter Membership List to chapters@aosa.org. It will be checked to make sure the chapter has met the minimum requirement of 8 national members.

If you have more board members or are planning more workshops that the space provided please send the additional information to chapters@aosa.org, as well.

Thank You!

Thank you for your service as an AOSA Chapter President and for your thoughtful completion of the Chapter Annual Report.