



# Association for Radiologic & Imaging Nursing

## ARIN YEARLY CHAPTER REPORT

Date: \_\_/\_\_/\_\_

Report year: \_\_\_\_\_

Chapter: \_\_\_\_\_ EIN: \_\_\_\_\_

### Current Chapter Board

**President:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone number- Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Term dates: \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_

**Vice President:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone number- Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Term dates: \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_

**Secretary:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone number- Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Term dates: \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_

**Treasurer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone number- Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Term dates: \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_

**Board Member:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone number- Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Term dates: \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_

**Board Member:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number- Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Term dates: \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_

**Board Member:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number- Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Term dates: \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_

**Events**

**Held:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Meetings**

**Held:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Misc:**

\_\_\_\_\_  
\_\_\_\_\_

**Finances**

Annual Gross Revenue: \_\_\_\_\_  
IRS Form 990 filed for the reporting period: Yes\_\_\_\_ No\_\_\_\_  
Chapter incorporated: Yes\_\_\_\_ No\_\_\_\_  
Current Membership Number: \_\_\_\_\_

**Please complete and email by January 31 to:**

**Association for Radiologic & Imaging Nursing**  
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Herndon, VA 20171 USA  
Toll Free: (866) 486-2762  
Fax: (703) 884-2229  
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