



2011 State Chapter Annual Report

The purpose of the annual report is to keep the national office informed of upcoming state chapter activities. Please use the form below to give an update of the coming year.

State Chapter Name:

Membership Categories & Dues Structure:

Member Type:	Dues amount:
Physician:	\$
Licensed Independent Practitioner:	\$
Interdisciplinary Team:	\$
Physician in Training:	\$
Retired Member	\$
Other:	\$

Number of active members: *(please attach an excel spreadsheet of active state chapter members, including full contact information)*

Who are your current officers?

Title	Name	Tenure
President		
President Elect		
Vice President		
Immediate Past President		
Secretary		
Treasurer		

State Chapter Contact Information:

Name	
Title	
Address	
Phone	
Email	
Web site URL	

Date of last business meeting: *(please attach meeting minutes)*

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Upcoming Event(s):

Meeting Title	
Date	
Location	
Sponsors	
Web site address	
Contact Information	

Meeting Title	
Date	
Location	
Sponsors	
Web site address	
Contact Information	

Report completed by _____ Date _____

Please return completed annual report and supporting documents to Sherri Smith at ssmith@amda.com by **January 11, 2011**.

Sherri L. Smith, State Chapter Liaison and Membership Coordinator
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