



**GEORGIA ASSOCIATION FOR GIFTED
CHILDREN**

Local Chapter Annual Report - (Chapter Name)
Year 20__ - 20__

A) Elected Officers

President _____

Address _____

Phone(s)/e-mail _____

Day

Evening

e-mail

Vice-President _____

Address _____

Phone(s)/e-mail _____

Day

Evening

e-mail

Secretary _____

Address _____

Phone(s)/e-mail _____

Day

Evening

e-mail

Treasurer _____

Address _____

Phone(s)/e-mail _____

Day

Evening

e-mail

B) Goals (use additional sheets if necessary):

C) Description of Projects (use additional sheets if necessary)

D) Attachments:

- 1) A list of other officers that are part of your organization
- 2) Names and addresses of all committee chairs

Affiliates sending membership roster postmarked by **December 10** will receive a complimentary registration for GAGC's annual conference.