**FMHCA Local Chapter Annual Audit**

**Name of Local Chapter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Website of Local Chapter \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Local Chapter Contact: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FL Zip\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Officer** | **Name** | **Email Contact** | **FMHCA**  **Yes** | **FMHCA**  **No** |
| President |  |  |  |  |
| President Elect |  |  |  |  |
| Past President |  |  |  |  |
| Secretary |  |  |  |  |
| Treasurer |  |  |  |  |
| (title) |  |  |  |  |
| (title) |  |  |  |  |
| (title) |  |  |  |  |
| (title) |  |  |  |  |

**Number of Members in Your Chapter \_\_\_\_\_\_ Number who are FMHCA members \_\_\_\_**

**Which Social Media has your Chapter maintained in this past fiscal year**

|  |  |
| --- | --- |
| **Social Media Outlet** | **URL** |
| Website |  |
| Facebook |  |
| YouTube |  |
| Twitter |  |
| Instagram |  |
| LinkedIn |  |

**Summary of chapter activities during this past fiscal year**

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**List of Continuing Education programs offered membership this past fiscal year**

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**Legislative Advocacy Efforts Conducted by Chapter this past fiscal year**

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**Membership recruitment activities your chapter conducted this past fiscal year**

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**Interfacing activities done with local Universities’ CMHC programs this past fiscal year**

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**Please List What Goals has your Chapter set for the upcoming fiscal year**

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**Please Attach the following Document to this Report:**

1. 2016 Florida Not for Profit Corporation Annual Report
2. Copy of your Current By-Laws
3. (Optional only if you have it and your Board want is) 2016 Certificate of D & O Liability Insurance Coverage

**When this form is completed please email it and its attachments to:**

FMHCA Office at: [office@flmhca.org](mailto:office@flmhca.org)