**ASMBS State Chapter Annual Report**

Thank you for your time and dedication as State/Regional Chapter President for the ASMBS. It is the responsibility of each State Chapter President to provide this annual report to the national ASMBS as stated in [Section 13 of the Charter Agreement](https://asmbs.org/app/uploads/2021/09/Charter-Agreement-for-New-State-Chapter-Pres-2021.pdf) and [Section 4 of the Policies Governing State or Local Chapters](https://asmbs.org/state-chapters/organize-a-state-chapter/policies-governing-state-or-local-chapters).

**This report is used to update your** [**Chapter’s ASMBS page**](https://asmbs.org/state-chapters) **and in a report to the ASMBS Board of Directors. Failure to submit this report is grounds for the National Society to revoke your charter.**

Please email your completed report to statechapters@asmbs.org by **January 31st** to be in compliance. All sections must be completed.

1. **State Chapter Name:**

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1. **Date Submitted: [Month/Day/Year]**
2. **Principal Office Address, including Primary Contact:**

| **Primary Contact:**  |
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| **Address:**  |
| **Address:**  |
| **City:**  | **State:**  | **Zip:**  |

1. **Updated Officer List - a surgeon STAR *must* be designated; IH Section STARs are currently optional but encouraged:**

|  | **Name** | **Term Start Date** | **Term End Date** |
| --- | --- | --- | --- |
| **President** |  |  |  |
| **President-Elect** |  |  |  |
| **Vice President/Secretary** |  |  |  |
| **Treasurer** |  |  |  |
| **Integrated Section Health Chair** |  |  |  |
| **Integrated Health Section Co-Chair** |  |  |  |
| **Past President(s)** |  |  |  |
| **Board Member(s) (if applicable)** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Member(s)-At-Large (if applicable)** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Executive Director** |  |  |  |
| **STAR** |  |  |  |
| **Integrated Health Section STAR** |  |  |  |
| **Other (please specify)** |  |  |  |
| **Other (please specify)** |  |  |  |
| **Other (please specify)** |  |  |  |
| **Other (please specify)** |  |  |  |
| **Other (please specify)** |  |  |  |
| **Other (please specify)** |  |  |  |
| **Other (please specify)** |  |  |  |

1. **Chapters who do not use ASMBS to collect dues (Hawaii, New Jersey, and New England) attach your Member Roster (must be current ASMBS members in good standing).**

1. **Attach 1) IRS filing AND 2) bank statement and/or financial report (for #2 you may provide both or only one of these documents).**
2. **Mission Statement (if different from that on** [**your Chapter’s ASMBS page on the website**](https://asmbs.org/state-chapters)**):**

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1. **State Chapter Annual Meeting Date(s):**
2. **List the location, activities, speakers, and important information from your Annual Meeting (or attach the agenda from the meeting as a separate document). List individuals (including their contact information) that you have found to be excellent speakers in your local chapter events.**

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1. **2023-2024 Activities Summary: Other Meetings, Past and Upcoming Events, Walks from Obesity, Access Issues, Journal Clubs, and COVID-19 impact and modifications made. Include chapter website and social media links (if any):**

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1. **Additional Chapter Information:**
	1. **Relevant local news:**

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* 1. **Support groups in your area, if applicable (or attach as a separate document):**

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* 1. **Other/Comments:**

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 **Please return this form to the State Chapters Committee Liaison at** **statechapters@asmbs.org** **by January 31st.**