



# Chapter Success Meeting Form

Chapter: \_\_\_\_\_ Scribe: \_\_\_\_\_ Date: \_\_\_\_\_

In Attendance:

- 1. \_\_\_\_\_ 4. \_\_\_\_\_ 7. \_\_\_\_\_
- 2. \_\_\_\_\_ 5. \_\_\_\_\_ 8. \_\_\_\_\_
- 3. \_\_\_\_\_ 6. \_\_\_\_\_ 9. \_\_\_\_\_

	Result	Action Item
<input type="checkbox"/> Review action items from last meeting		
<input type="checkbox"/> Review Visitor Attendance Number of visitors in the last month? Who has applied? Who needs follow-up?		
<input type="checkbox"/> Membership Review Number of new members last month? Number of dropped last month? Net growth last month? (goal net 1 per month)		
<input type="checkbox"/> Reports Review <input type="checkbox"/> Chapter Roster Report <input type="checkbox"/> PALMS Data on Roster Report <input type="checkbox"/> Chapter Traffic Lights	<input type="checkbox"/> Full Leadership Team?	

	Result	Action Item
<input type="checkbox"/> S/T Reports on finances Other _____		
<input type="checkbox"/> Passport to Success Progress Name: _____ Name: _____ Name: _____ Name: _____		
<b>At this point the President, Secretary/Treasurer and Visitor Host Coordinator leave the meeting.</b>		
<input type="checkbox"/> Member Traffic Lights Report based on Power of One Review Name: _____ Name: _____ Name: _____	<input type="checkbox"/> How can you help members in the gray/red?	
<b>At this point the Mentor Coordinator leaves the meeting.</b>		
<input type="checkbox"/> Seven-Month Reviews Name: _____ Name: _____ Name: _____ Name: _____		
<input type="checkbox"/> Approving Renewals Name: _____ Name: _____ Name: _____ Name: _____	Is he/she going to renew? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Progress of Written Complaints		

Recommendations for the Chapter President

Recommendations for the Director Consultant