NATIONAL ASSOCIATION OF PARLIAMENTARIANS®

Report of the NAP Representative

(District Directors will complete this form when in attendance when an NAP Representative is not in attendance)

Name of NAP Representative: _____
Office: _____
Association or District: _____
Date of Event: _____

Business Meeting Attendance
Members: _____ Guests: _____ NAP Representative: _____ Total: _____

Were educational materials available for sale? Yes ____ No ____
Were other educational materials available for sale? Yes ____ No ____
Were the association bylaws amended? Yes ____ No ____
Was there a change in the association dues amount? Yes ____ No ____
If yes, indicate new dues amounts:
Regular: _____ MAL _____ Student: _____ Student MAL: _____

If new officers were elected, list new officers:
President: _____
First Vice-President: _____
Second Vice-President: _____
Secretary: _____
Treasurer: _____
Directors: _____
Term of Office: _____

Educational Workshops (names and presenters):

If you observed speakers or workshop presenters you would recommend for other NAP meetings or for publication, please list their names below:

Other Comments: