

Kappa Kappa Psi

National Honorary Band Fraternity

FALL ACTIVITY REPORT



INSTRUCTIONS: Please TYPE or PRINT CLEARLY, answering all questions to the best of your ability. Confirm all information with the appropriate officers and discuss the information to be provided with the chapter sponsor and membership. This form must be properly filed in the National Headquarters and with the District Governors postmarked by DECEMBER 1 and becomes delinquent after that date. Be sure to keep a copy for your chapter's records. Please return the completed form to:

Kappa Kappa Psi, National Headquarters, P.O. Box 849, Stillwater, OK 74076-0849

NOTE: The information provided here is used in the Chapter Directory. Please provide all information including telephone numbers. If your mailing address is a US Post Office Box, specify "PO Box" in your address. If your mailing address is a campus mailbox, specify "Campus Box" number. Bulk mailing procedures (such as *The PODIUM* shipments) require a **CORRECT** and **COMPLETE** physical address (i.e., a street name and number or a building and room number), not a US Post Office Box.

Chapter: _____ College/University: _____ District: _____

Chapter Mailing Address: _____ City: _____ State: _____ Zip+4: _____

Chapter Physical Address: _____ City: _____ State: _____ Zip+4: _____

Chapter E-mail: _____ Chapter Phone: _____

Chapter Web Site: _____

Report Prepared By: _____ E-mail: _____ Date: _____

SECTION I - CHAPTER LEADERSHIP/COMMUNICATION

Sponsor/Director of Bands Information

Sponsor: _____	Director of Bands: _____
Sponsor Address: _____	Director of Bands Address: _____
_____	_____
City: _____ State: _____ Zip+4: _____	City: _____ State: _____ Zip+4: _____
Sponsor Phone: _____	Director of Bands Phone: _____
Sponsor E-mail: (required) _____	Director of Bands E-mail: (required) _____

Chapter Information

President: _____	Alumni Relations Officer: _____
President E-mail: (required) _____	Corresponding Secretary: _____
Vice President: _____	Treasurer: _____
Recording Secretary: _____	Date these officers were elected: _____

SECTION II - NATIONAL OBLIGATIONS

1. Number of Active Members' Dues Paid: _____ 4. Number of Initiates Registered This Fall: _____
2. Number of Conditional Members' Dues Paid: _____ 5. Number of Honorary Members Registered This Fall: _____
3. Number of Associate Members' Dues Paid: _____
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SECTION III - ACTIVITIES/OPERATIONS

NOTE: Please attach additional pages to this form.

1. Describe the service, social, financial, musical and leadership projects undertaken by your chapter this fall that have promoted the purposes of Kappa Kappa Psi.
 2. Describe the activities your chapter has undertaken that have promoted college bands.
 3. Describe the activities your chapter has done to celebrate Kappa Kappa Psi's National Month of Musicianship in November.
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SECTION IV - MEMBERSHIP EDUCATION

Did your chapter have a membership class this fall?

- ___ No – *Skip to Section VI*
___ Yes

Did you initiate your new members before December 1?

- ___ No – *You'll report those candidates on the Chapter Summary Report in the spring. Skip to Section VI*
___ Yes

1. Please provide examples of how your chapter actively recruits potential new members in the bands on your campus.
 2. Describe a membership education activity that best promotes the Five Purposes of Kappa Kappa Psi.
 3. Describe the manner in which your chapter has facilitated the required Hazing Workshop and the date it was completed.
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SECTION V - MEMBERSHIP EDUCATION SYLLABUS

INSTRUCTIONS: Please provide a full syllabus of the specific membership education activities for this semester's class. Be sure to describe the nature of each activity in detail, including the goal for each activity. Include each activity's location, time of day, purpose, and how the active brothers worked to achieve the desired outcomes of the activities. Feel free to attach more paper or an existing document so long as it meets the above requirements. **Do not attach your candidate manual in place of this page.**

Activity: _____ Time: _____ Location: _____

Purpose: _____

Additional Description: _____

Activity: _____ Time: _____ Location: _____

Purpose: _____

Additional Description: _____

Activity: _____ Time: _____ Location: _____

Purpose: _____

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Activity: _____ Time: _____ Location: _____

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Activity: _____ Time: _____ Location: _____

Purpose: _____

Additional Description: _____

Activity: _____ Time: _____ Location: _____

Purpose: _____

Additional Description: _____

SECTION VI - REQUIRED SIGNATURES

THIS SECTION MUST BE COMPLETED: By signing below, you agree to follow the policies of Kappa Kappa Psi. You also acknowledge are aware of the chapter activities listed above, and that you endorse those activities.

Chapter President	Date	Chapter Sponsor	Date
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