



WILDLIFE ACTION, INC.

MINUTES

CHAPTER WLA # _____

This is a mandatory form which is to be filled out monthly and mailed to WLA National Headquarters. Once received, National will send project money back to the chapter. As a 501(c)(3) tax exempt, non-profit organization, WLA is obligated to the IRS to submit a monthly report form WLA National Headquarters on each local chapter. State Chapters Must Complete Quarterly.

CHAPTER NAME: _____ MONTH ENDING DATE: _____
 P O BOX _____ CITY _____ ST _____ ZIP _____ PROGRAM _____
 NUMBER ATTENDING ADULTS: _____ PIONEERS: _____ SUBMITTED BY: _____

Positions	Names	Present	Absent	Excused	Unexcused
President	_____	_____	_____	_____	_____
V. President	_____	_____	_____	_____	_____
Secretary	_____	_____	_____	_____	_____
Treasurer	_____	_____	_____	_____	_____
Board Member 3	_____	_____	_____	_____	_____
Board Member 3	_____	_____	_____	_____	_____
Board Member 3 (State Only)	_____	_____	_____	_____	_____
Board Member 2	_____	_____	_____	_____	_____
Board Member 2	_____	_____	_____	_____	_____
Board Member 2 (State Only)	_____	_____	_____	_____	_____
Board Member 1	_____	_____	_____	_____	_____
Board Member 1	_____	_____	_____	_____	_____
Board Member 1 (State Only)	_____	_____	_____	_____	_____
Sr. Vice Pres. Education	_____	_____	_____	_____	_____
Sr. Vice Pres. Environment	_____	_____	_____	_____	_____
Sr. Vice Pres. Fishing	_____	_____	_____	_____	_____
Sr. Vice Pres. Hunting	_____	_____	_____	_____	_____

Minutes read and approved	Yes _____	No _____	Sr. V. Pres Education Report	Yes _____	No _____
Finance Report read and approved	Yes _____	No _____	Sr. V. Pres. Environmental Report	Yes _____	No _____
Monthly Chapter Newsletter Mailed	Yes _____	No _____	Sr. V. Pres. Fishing Report	Yes _____	No _____
Chapter News Submitted to Media	Yes _____	No _____	Sr. V. Pres Hunting Report	Yes _____	No _____
Pioneer Day Set: Yes _____ No _____	Date _____		Banquet Date Set: Yes _____ No _____	Date _____	
Donations Received Under \$200	Yes _____	No _____			
Name _____	Amt _____				
Name _____	Amt _____				
Name _____	Amt _____				

Please send donations
Over \$200 to national
For credit to
individuals

Activities Planned for Month _____

ATTACH ADDITIONAL SHEETS IF NEEDED FOR OLD AND NEW BUSINESS

OLD BUSINESS:

NEW BUSINESS:

Mail to National to the Attention of Executive Secretary

Wildlife Action, Inc.
National Headquarters
P. O. Box 866
Mullins, SC 29574