



GEORGIA ASSOCIATION FOR GIFTED CHILDREN

*Local Chapter Annual Report - (Chapter Name)*

Year 20\_\_ - 20\_\_

**A) Elected Officers**

**President** \_\_\_\_\_

Address \_\_\_\_\_

Phone(s)/e-mail \_\_\_\_\_

Day

Evening

e-mail

**Vice-President** \_\_\_\_\_

Address \_\_\_\_\_

Phone(s)/e-mail \_\_\_\_\_

Day

Evening

e-mail

**Secretary** \_\_\_\_\_

Address \_\_\_\_\_

Phone(s)/e-mail \_\_\_\_\_

Day

Evening

e-mail

**Treasurer** \_\_\_\_\_

Address \_\_\_\_\_

Phone(s)/e-mail \_\_\_\_\_

Day

Evening

e-mail

**B) Goals (use additional sheets if necessary):**

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**C) Description of Projects (use additional sheets if necessary)**

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**D) Attachments:**

- 1) A list of other officers that are part of your organization
- 2) Names and addresses of all committee chairs

Affiliates sending membership roster postmarked by **December 10** will receive a complimentary registration for GAGC's annual convention.