



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"/> Other		
<input type="checkbox"/> Passport to Success Progress Name: _____ Name: _____ Name: _____ Name: _____		
At this point the President, Secretary/Treasurer and Visitor Host Coordinator leave the meeting.		
<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?	
At this point the Mentor Coordinator leaves the meeting.		
<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

