MONTHLY STATUS REPORT

http://www.sfi.org/

Please fill out this form to satisfy STARFLEET's monthly reporting requirement for Chapters in good standing. Once completed, distribute copies to your Regional Coordinator, STARFLEET Operations, and your Chapter archives. If you have any questions, contact:

STARFLEET OPERATIONS
E-mail: ops@sfi.org

CHAPTER INFORMATION

CHAPTER NAME:	REPORTING MONTH:
REGISTRY NUMBER:	REGION:
CHAPTER NEWSLETTER:	CREW COMPLIMENT:
LAST MEETING:	NEXT MEETING:
MAILING ADDRESS:	CITY OF CHARTER:
CITY: STATE/PROVINCE:	POSTAL CODE:

COMMAND CREW INFORMATION

COMMANDING OFFICER'S NAME:			EXECUTIVE OFFICER'S NAME:	
SCC NUMBER:			SCC NUMBER:	
MAILING ADDRESS:			MAILING ADDRESS:	
CITY:	STATE/PROVINCE:		CITY:	STATE/PROVINCE:
COUNTRY:	POSTAL CODE:		COUNTRY:	POSTAL CODE:
TELEPHONE:			TELEPHONE:	
E-MAIL:			E-MAIL:	

MONTHLY REPORT

LIST ALL PROMOTIONS & AWARDS:

PROBLEMS, QUESTIONS, CONCERNS:

LIST ALL ACTIVITIES:

SIGNATURES

COMMANDING OFFICER:	DATE:
REPORTING OFFICER:	DATE:

MONTHLY REPORT (CONTINUATION)