



# SONS OF PERICLES CHAPTER REPORT

Date: \_\_\_\_\_

**Chapter Name & Number:** \_\_\_\_\_

**Chapter Location:** \_\_\_\_\_

## **Membership Audit:**

Number of Members paid thru December of current year: \_\_\_\_\_

Number of Members paid thru December of last year: \_\_\_\_\_

Number of members under age 18: \_\_\_\_\_

## **Event or Initiative Planning:**

Describe any events or programs your chapter has planned

## **Chapter Assessment:**

Strengths & Weaknesses of your chapter, ideas for improving on weaknesses, how the Supreme Lodge can help.

## **Future Actions & Recommendations:**

What does your chapter want to see happen with the Sons of Pericles? What aren't you happy with? What do you like/hate or want more/less of? How do you want to get involved?

**Next Planned Meeting/Contact Date:** \_\_\_\_\_

When complete, please email this form to your Supreme Lodge Liaison officer and cc: [sopsupremelodge@gmail.com](mailto:sopsupremelodge@gmail.com)