

AMERICAN SOCIETY FOR  
**Pain Management**  
  
**Nursing**  
Chapter Resource Committee

Dear ASPMN Chapter Leader,

As you know, each chapter of ASPMN needs to submit an end of year report to the ASPMN Board of Directors by July 31, 2010. We encourage that you submit your report electronically to the ASPMN Executive Office. The Chapter Resource and Membership Committee collates the reports. The Achievement and Recognition Committee evaluates copies of all end of year reports and the Chapter Excellence Award will be selected from these reports. This means that all chapters will potentially be considered for the award without filling out an extra application.

If you have any questions about this form, please contact Beth Crowley in the ASPMN national office at [BCrowley@goamp.com](mailto:BCrowley@goamp.com).

Sincerely,

Marta P. Highstreet  
[highstreet@cox.net](mailto:highstreet@cox.net)  
504/454-5552  
ASPMN Chapter Resource and Membership Committee Co-Chairs

**American Society for Pain Management Nursing  
Chapter Annual Report Form  
Due July 31<sup>st</sup> of each year**

Chapter Name:

This report is reflective of information occurring during July 1, 2009 through June 30, 2010

**Business**

Check those that apply:

All board and committee meeting minutes are on file

Chapter needs assessment completed; please attach a copy

Bylaws reviewed annually     no changes     changes (attach amendments)

How many years has your chapter been registered (chartered) at the national office?

A. List dates of business meetings:

B. List recognition/awards given and chapter funded tuitions/ seminars, and name of recipient(s):

C. List last years goals and how accomplished; or work in progress to accomplish:

D. List any community service or education sponsored by the chapter:

E. List chapter committees and chairs:

F. List any fund-raising efforts:

G. List chapter members that served this year as ASPMN Board of Directors members, Committee Chairs, or Committee Members:

H. List any Chapter work with Legislators or Government Agencies:

I. How do you encourage members to be involved with chapter activities?

J. How do you welcome new or transferred members?

**Membership** (attach current membership list)

Check all that apply:

Membership records on file

All chapter members are members of ASPMN

Do you have a chapter newsletter  no  yes (please attach a copy)

How are members reminded to renew their annual memberships?

Current chapter annual dues:

List the following numbers of members:

Active members	
International members	
Student members	
Honorary members	
Lifetime members	
<b>Total number of chapter members</b>	

New members this year \_\_\_\_\_

Chapter membership has:  remained the same  increased

decreased

**Educational** (enclose conference brochures)

\_\_\_Minimum of one per year

Please list educational programs:

Topic	Speaker(s)	Attendance	Sponsor	CEUs
				Y/N
				Y/N
				Y/N
				Y/N
				Y/N

**Chapter Goals for upcoming year**

Please list:

Do you have a research committee? Y\_\_\_ N\_\_\_

How has your chapter supported pain management nursing research?

**Other**

1. Attach a list of Chapter officers and term of office.

Will a new President take charge in 2011?

If yes, when and who will that be? \_\_\_\_\_

2. List any concerns/problems that your chapter is facing.

3. How can the National Office assist your chapter?

Signature of Chapter President: \_\_\_\_\_

Email address of Chapter President \_\_\_\_\_

Signature of Treasurer: \_\_\_\_\_

Email Address of Treasurer \_\_\_\_\_

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

Send to: ASPMN Executive Office  
Attn: Beth Crowley  
PO Box 15473  
Lenexa, KS 66285-5473  
bcrowley@goamp.com

**Financial** (attach bank statement)

Check all that apply:

- Financial records on file  
 Annual audit of financial records

Starting balance as of July 1, \_\_\_\_\_  
Ending balance as of June 30, \_\_\_\_\_

Assets:

1. Cash \_\_\_\_\_  
2. Accounts Receivable \_\_\_\_\_  
3. Inventories \_\_\_\_\_  
4. Other Assets \_\_\_\_\_  
Total Assets: \_\_\_\_\_

Liabilities:

5. Accounts payable \_\_\_\_\_  
6. Contributions/Gifts/grants \_\_\_\_\_  
7. Other Liabilities \_\_\_\_\_  
Total Liabilities \_\_\_\_\_

Net income \_\_\_\_\_

Revised 5/2010