CARE requirements planner 2019

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| |  |  | | --- | --- | | Primary Chapter CARE contact | enter Chapter Leader’S name | |  |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Elements | Tasks | Starting | Ending | Done | | Administrative | Review vision, mission, bylaws; adjust if needed | [Select Date] | [Select Date] | Yes \ No | | Create annual operational plan | [Select Date] | [Select Date] | Yes \ No | | Schedule board meetings (ensure minutes are available to members) | [Select Date] | [Select Date] | Yes \ No | | Conduct risk management assessment | [Select Date] | [Select Date] | Yes \ No | | Review board descriptions and elect new board (create roster for ATD) | [Select Date] | [Select Date] | Yes \ No | | Create membership roster for ATD | [Select Date] | [Select Date] | Yes \ No | | Financial | Ensure chapter complies with federal and state reporting | [Select Date] | [Select Date] | Yes \ No | | Develop an annual operating budget (ensure budget is available to members) | [Select Date] | [Select Date] | Yes \ No | | Conduct annual financial review (internal or external but not a board member) | [Select Date] | [Select Date] | Yes \ No | | Membership | Conduct 10 joint membership activities | [Select Date] | [Select Date] | Yes \ No | | Conduct annual member survey | [Select Date] | [Select Date] | Yes \ No | | Professional Development | Conduct professional development activities for members (six minimum) | [Select Date] | [Select Date] | Yes \ No | | Ensure board maintains joint membership | [Select Date] | [Select Date] | Yes \ No | | Communication | Review and update website | [Select Date] | [Select Date] | Yes \ No | | Conduct quarterly communication to members | [Select Date] | [Select Date] | Yes \ No | | Create and distribute annual report | [Select Date] | [Select Date] | Yes \ No | |  |

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| chapter relations manager | ENTER name | e-mail & Phone Number |
| National Advisor for chapters | ENTER Name | e-mail & Phone Number |

CARE joint membership activities

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| |  |  | | --- | --- | | Primary Chapter CARE contact | ENTER Chapter Leader’S name | |  |
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| **Activities: Select a minImum of 10** | | | |
|  | DONE? |  | DONE? |
| Power Member page on chapter website | Yes \ No | Highlight Power Membership in chapter email communications | Yes \ No |
| Send quarterly email to prospective members promoting Power Membership | Yes \ No | Participate in the Chapter Membership on the ATD Store program | Yes \ No |
| Mention Power Membership at the start of each chapter event | Yes \ No | Promote Power Membership at SIG and GIG meetings | Yes \ No |
| Promote Power Member benefits using rotating PowerPoint at events | Yes \ No | Request list of ATD members quarterly; identify prospects | Yes \ No |
| Printed Power Member collateral at each event | Yes \ No | Request joint membership calculation from CRM quarterly | Yes \ No |
| Power Member section in chapter newsletter | Yes \ No | Promote Power Membership at chapter special events | Yes \ No |
| Power Member logos on chapter website | Yes \ No | Create group/corporate Power Membership offering | Yes \ No |
| Power Member testimonials on website, newsletter, etc. | Yes \ No | Talk about Power Membership at each board meeting | Yes \ No |
| Power Member messages on social media | Yes \ No | Conduct new member orientations | Yes \ No |
| Share a joint membership best practice on a NAC area call, SOS, or at ALC | Yes \ No | Customize activities for your chapter | Yes \ No |

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| January | February | March | April | May | June |
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| July | August | September | October | November | December |
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