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| **Primary Chapter CARE contact** | enter Chapter Leader’S name |

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| **category** | **elements** | **Starting** | **Ending** | **Done** |
| Board of Directors | **Board Meetings:** Chapter board meets at least once per quarter. | [Select Date] | [Select Date] | Yes \ No |
| **Board Roster:** Chapter submits an incoming board roster in Excel template. | [Select Date] | [Select Date] | Yes \ No |
| **Professional Development:** Chapter board members maintain Power Membership (joint chapter/ATD national membership). | [Select Date] | [Select Date] | Yes \ No |
| **Position Descriptions:** Chapter maintains written position descriptions for elected members. | [Select Date] | [Select Date] | Yes \ No |
| Board of Directors CARE Plus(Select Four) | CARE Plus—Select One  | Yes \ No |
| CARE Plus—Select One  | Yes \ No |
| CARE Plus—Select One  | Yes \ No |
| CARE Plus—Select One  | Yes \ No |
| Governance | **Operating Plan:** Chapter creates and submits an operational plan for the coming year. | [Select Date] | [Select Date] | Yes \ No |
| **Governing Documents:** The chapter’s mission, vision, and bylaws align with those of ATD, and the chapter meets the ATD branding guidelines. | [Select Date] | [Select Date] | Yes \ No |
| **Government Reporting Requirements:** Chapter complies with federal and state reporting requirements. Submission of 990/990-N filings to chapter services is required. | [Select Date] | [Select Date] | Yes \ No |
| **Board Selection:** Chapter members participate in the nomination or electionof the chapter board. | [Select Date] | [Select Date] | Yes \ No |
| GovernanceCARE Plus(Select Two) | CARE Plus—Select One  | Yes \ No |
| CARE Plus—Select One  | Yes \ No |

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| Finance | **Budget:** The chapter board develops and approves an annual operating budget and makes it available to members. | [Select Date] | [Select Date] | Yes \ No |
| **Financial Documents:** Chapter submits most recent yearly balance sheet. | [Select Date] | [Select Date] | Yes \ No |
| **Financial Documents:** Chapter submits most recent profit and loss statement.  | [Select Date] | [Select Date] | Yes \ No |
| **Financial Review:** Chapter board has an internal or external financial review completed annually by a person or group not directly responsible for the management of chapter finances. | [Select Date] | [Select Date] | Yes \ No |
| Finance CARE Plus(Select Three) | CARE Plus—Select One  | Yes \ No |
| CARE Plus—Select One  | Yes \ No |
| CARE Plus—Select One  | Yes \ No |
| Membership | **Membership Roster:** Chapter submits year-end membership roster in Excel. | [Select Date] | [Select Date] | Yes \ No |
| **Member Feedback:** Chapter board assesses member needs and satisfaction levels at least once per year. | [Select Date] | [Select Date] | Yes \ No |
| **Power Membe­rship:** Chapter achieves a minimum of 20 Power Members (joint chapter/ATD national members) and 35 percent simultaneously. | [Select Date] | [Select Date] | Yes \ No |
| **Power Member Activities:** Chapter completes 10 Power Member activities of the chapter’s choice. | [Select Date] | [Select Date] | Yes \ No |
| Membership CARE Plus(Select Six) | CARE Plus—Select One  | Yes \ No |
| CARE Plus—Select One  | Yes \ No |
| CARE Plus—Select One  | Yes \ No |
| CARE Plus—Select One  | Yes \ No |
| CARE Plus—Select One  | Yes \ No |
| CARE Plus—Select One  | Yes \ No |

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| Programming | **Chapter Programs:** Chapter provides at least six professional development activities per year for members. | [Select Date] | [Select Date] | Yes \ No |
| Programming CARE Plus(Select Three) | CARE Plus—Select One  | Yes \ No |
| CARE Plus—Select One  | Yes \ No |
| CARE Plus—Select One  | Yes \ No |
| Communication | **Website:** Chapter maintains a current website with up-to-date information. | [Select Date] | [Select Date] | Yes \ No |
| **Member Communication:** Chapter distributes a communication piece to members at least once per quarter that features chapter and ATD programs and initiatives. | [Select Date] | [Select Date] | Yes \ No |
| **Annual Report:** Chapter board shares an annual report at least once per year with members noting membership numbers, financial performance, and progress toward annual goals. | [Select Date] | [Select Date] | Yes \ No |
| **National Support:** Board members hold, at minimum, an annual phone call with their chapter relations manager to identify opportunities for support.  | [Select Date] | [Select Date] | Yes \ No |
| CommunicationCARE Plus(Select Two) | CARE Plus—Select One  | Yes \ No |
| CARE Plus—Select One  | Yes \ No |

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| **chapter relations manager** | ENTER name | e-mail and Phone Number |
| **National Advisor for chapters** | ENTER Name | e-mail and Phone Number |
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**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?** |
| Host a 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 |
| Power Member benefits using rotating PowerPoint at events | Yes \ No | Request list of ATD members quarterly; identify prospects | Yes \ No |
| Use 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, and other media | Yes \ No | Talk about Power Membership at each board meeting | Yes \ No |
| Power Member messages on social media | Yes \ No | Conduct an orientation for new Power Members | Yes \ No |
| Share a joint membership best practice on a NAC area call, SOS, or at ALC | Yes \ No | Hold a program on the value of Power Membership | Yes \ No |
| Hold an event to recruit ATD members | Yes \ No | Promote Power Membership at chapter conference | Yes \ No |
| Conduct a Power Member drive  | Yes \ No |  Customize joint membership activities for your chapter | Yes \ No |
| Publicize the special “Power Member” rate (for instance Professional: $249 or Professional Plus: $409 for chapter members)  | Yes \ No |  Customize joint membership activities for your chapter | Yes \ No |

**2021 CALENDAR**

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| **January** | **February** | **March** | **April** | **May** | **June** |
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