



FULL GOSPEL BUSINESS MEN'S FELLOWSHIP IN AMERICA™
MEN OF BUSINESS • MEN OF PURPOSE™

CHAPTER UPDATE REPORT

DATE _____

CHAPTER # _____

CHAPTER NAME _____

STATE _____

THIS CHAPTER IS: ACTIVE INACTIVE NEW (LESS THAN 1 YEAR)

OFFICIAL MAILING ADDRESS

CHAPTER NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PRIMARY MEETING LOCATION & TIME

LOCATION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DAY OF THE WEEK: MON TUE WED THU FRI SAT SUN

WEEKLY OR DURING THE 1ST WEEK 2ND WEEK 3RD WEEK 4TH WEEK

MEETING TIME: _____ AM PM

SPEAKERS YES, USUALLY YES, SOMETIMES NO, FELLOWSHIP ONLY

PLEASE COMPLETE THE FOLLOWING INFORMATION:

CHAPTER STATE NATIONAL DIRECTOR: _____

CHAPTER FIELD REPRESENTATIVE FOR YOUR AREA: _____

IF THE CHAPTER HELD A RECENT ELECTION, PLEASE LIST WHO MODERATED: _____

COMMENTS: _____

SEND 1 COMPLETED COPY TO YOUR STATE DIRECTOR AND 1 COPY TO THE NATIONAL OFFICE:

9280 HUNTINGTON SQUARE, NORTH RICHLAND HILLS, TX 76182-4366

OFFICE: 503-292-2161 FAX: 817-498-4725

EMAIL: national.office@fgbmfa.org