



Chapter Membership Survey

This form should be completed at the beginning of each school year and kept on file at the chapter level.

Chapter (School) Name: _____

Date: _____

Address: _____

Chapter Demographics*

Chapter membership by: (indicate number in each category)

Grade	SEX		RACE					TOTAL
	Male	Female	Hispanic	Asian	Black	White	Other	
12								
11								
10								
9								
8								
7								
6								
Total Number of Chapter Members								

* For statistical purposes only

Indicate the number of members who intend to major in the following areas:

English _____ Special Education _____ Foreign Lang. _____ Math _____

Science _____ Elementary _____ Health & P.E. _____

Other _____