



## Component Annual Report

Chapter Name: \_\_\_\_\_

School: \_\_\_\_\_

Contact person: \_\_\_\_\_

Official Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Component Chapter Employee Identification Number: \_\_\_\_\_  
(Required by IRS)

Component Chapter By-Laws Enclosed or attached Yes No  
*(Only include if revised since last submission)*

Component List of Electees Names Yes No  
and Addresses Enclosed



# Sigma Phi Alpha

*Scholarship, Leadership, Service*

**Summary of Annual Activities:**

**Annual Meeting Location:** \_\_\_\_\_

**Annual Meeting Date:** \_\_\_\_\_

**Officers:**

**President:** \_\_\_\_\_

**Vice-President/President-Elect:** \_\_\_\_\_

**Secretary/Treasurer:** \_\_\_\_\_

**Non-profit eligibility maintained (income below \$25,000.00)      Yes    No**

**Scholarships Sponsored:** \_\_\_\_\_

**Annual dues must be current for Sigma Phi Alpha to process orders.**

**Remit this form to:**

**JoAnn L. Scofield, RDH, MS – SPA Treasurer  
Texas A&M Health Science Center  
Baylor College of Dentistry  
3302 Gaston Avenue, Room 139C  
Dallas, TX 75246  
[jscofield@bcd.tamhsc.edu](mailto:jscofield@bcd.tamhsc.edu)**