



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



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:

Kathleen Muzzin, RDH, MS – SPA Treasurer
Texas A&M Health Science Center
Baylor College of Dentistry
3302 Gaston Avenue, Room 139H
Dallas, TX 75246