

KANSAS STATE COUNCIL OUTSTANDING CHAPTER FORM

Chapter Name & Number: _____

District: - Chapter Contact Person: _____

Town: _____ Contact Person Phone: _____

Number: _____

Chapter Membership count as of 04/01/ ____ _____

Chapter Membership count as of 03/31/ ____ _____

Membership count will be based on information provided by ESA
Headquarters to the current year State Second Vice-President.

This form, along with the actual statistical form and a copy of the **current year philanthropic form**, must be completed and mailed to the Outstanding Chapter Contest Chairperson to be eligible for Outstanding Chapter judging.