



# Christian Honor Student Association

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## Local School Association Annual Report

Schools Renewing CHSA Membership — December 1st of each school year  
New School CHSA Membership — After the Induction Ceremony and first Chapter Meeting.

[ Please Type ]

\_\_\_\_\_ Date of Filing

\_\_\_\_\_ Name of School

\_\_\_\_\_ Email

\_\_\_\_\_ Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

\_\_\_\_\_ Phone

Is your school a current member of ORUEF?     Yes     No

Local School Review Board

Faculty Sponsor: \_\_\_\_\_

Faculty Member: \_\_\_\_\_

Faculty Member: \_\_\_\_\_

School Administrator (or his representative): \_\_\_\_\_

Pastor (or his representative): \_\_\_\_\_

School Guidance Counselor (if appropriate): \_\_\_\_\_

## Local Association Student Officers

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

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_