FORM C -- NAEMSP® Chapter Annual Report
Due July 1 annually

Chapter Name: Massachusetts MAEMSP Chapter

Current Officers
President: [Name]

Vice President/President-Elect: [Name]

Treasurer: [Name]  Secretary: [Name]

Other: ___________________________________________________________________

Number of Members: I usually get it from MAEMSP each year
(A listing of each member name and mailing information must also be submitted.)

Chapter Meetings During the Year

- Annual meeting (Dinner meeting)
- After State med services (September 2017)
- Planned September this year

Chapter Accomplishments:

- Planning a tactical medical direction meeting for fall

Future Goals:

- Smooth transition to next Admin

Attach any educational program material, media coverage, etc.

President’s Signature: [Signature]

Date: 6/28/18