

**COUNCIL OF STATE PRESIDENTS**  
**SHARING OF ACCOMPLISHMENTS REPORT FORM**  
**PRINT OR TYPE IN BLACK INK-BRING 75 COPIES WITH YOU TO DISTRIBUTE AT THE COSP**

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**Name of State Association:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **State** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_ **www address** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**State WWW address** \_\_\_\_\_

Does your association have a procedures book? Yes \_\_\_ No \_\_\_

Does your association have staff? Yes \_\_\_ No \_\_\_

Is your staff paid? Yes \_\_\_ No \_\_\_

Is your association incorporated? Yes \_\_\_ No \_\_\_

Does your association have a state newsletter? Yes \_\_\_ No \_\_\_

List other communication methods: \_\_\_\_\_

State Convention Information:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Type of Facility & Estimated Rental Cost: \_\_\_\_\_

Held in conjunction with your state nurses association? Yes \_\_\_ No \_\_\_

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**ACCOMPLISHMENTS-Please list and describe some recent accomplishments.**

**Membership (Membership Recruitment, Membership Retention, Honorary Membership, Sustaining**

**Membership Recruitment):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Finances:**

Does your association have:

A working budget? Yes \_\_\_ No \_\_\_

A checking account? Yes \_\_\_ No \_\_\_

A savings account? Yes \_\_\_ No \_\_\_

A reserve fund? Yes \_\_\_ No \_\_\_

Investments? Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_

**Fundraising:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Image of Nursing:** \_\_\_\_\_

(over)

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**Breakthrough to Nursing:** \_\_\_\_\_

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**Community Health:** \_\_\_\_\_

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**Legislation Education:** \_\_\_\_\_

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**Resolutions:** \_\_\_\_\_

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**Please list the annual events your state association hosts or co-hosts. Briefly describe each.** \_\_\_\_\_

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**Please list one event or activity that you *highly* recommend other associations consider implementing.** \_\_\_\_\_

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**Assistance needed:** \_\_\_\_\_

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**Thank you for your time and dedication to NSNA!**