



Membership Reporting Form

Local Association:

Contact Name:

E-Mail Address:

Phone:

Membership Campaign Summary:

Please give a brief description of the membership plan, summary of the results, goals met, and any adjustments made.
(To be completed by Chairperson or Designee)

Submitted by:

REPORTING FORMS SHOULD BE COMPLETED AND RETURNED TO:

Duran Williams
TRTA Office
801 Second Avenue North
Nashville, TN 37201-1099