



May 1

SPIN Goals and Activity Report

Fiscal year 20__ - __

Appendix Q

SPIN: _____ Date: _____

Chair: _____ Email: _____

NADE Membership Number: _____ Expiration Date: _____

Save this blank form to a disk or your hard drive and then complete it on your computer by inserting your responses (available space will expand as you insert information). Once you've completed this form, save it. Then send it to the SPIN Coordinator as an email it attachment.

1. List of members (attachment)
Have you contacted your members? (List may be obtained from Executive Assistant office at www.nade.net)

2. Copy of budget request

3. Copy of the minutes of the meeting at the annual conference

4. Goals for the year

5. Strategies for accomplishing these goals

6. Activities since the conference

7. Assistance needed from NADE

8. Does the NADE Leadership Directory (www.nade.net) accurately reflect your name and contact information?
___yes ___no If not, please attach updated information.

Email this form to the SPIN Coordinator.