



# November 1 SPIN Goals and Activity Report

Fiscal year 20\_\_ - \_\_  
Appendix R

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 attachment.

1. List of Members (attachment)  
Have you contacted your members? (List may be obtained from Executive Assistant office at [www.nade.net](http://www.nade.net).)
2. Minutes of meetings, including conference calls conducted since the annual conference
3. Goals accomplished or timeline for completion
4. Activities in progress
5. Proposed initiatives for subsequent year
6. Assistance needed from NADE
7. Does the NADE Leadership Directory ([www.nade.net](http://www.nade.net)) accurately reflect your name and contact information?  
\_\_yes \_\_no If not, please attach updated information.
8. Please list contact information for the designated Chair's fee waiver recipient. (Limit of one fee waiver per group)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Email this form to the SPIN Coordinator.**