



FOR HLAA NATIONAL OFFICE USE ONLY		
Date Received	Date Entered Into Database	Data Entry Operator Name

Chapter/State Organization Update Form

_____ Date Form Completed

Please help HLAA keep chapters' or state organizations' information correct on the HLAA website. Failing to return this form by the date requested will result in the listing being removed from the HLAA website.

Thank you for your help!

EIN ID: _____
 (This is a 9-digit number: ##-#####)

Chapter name OR state organization name and state:

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Mailing address of chapter/state organization:

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Contacts for the HLAA website listing (MUST have at least one)

	Primary	Secondary (optional)
Name		
Email address		
Phone number		

Website link (if applicable)

Facebook link (if applicable)

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Meeting Location:

Meeting Information:

Venue Name		Which Day of Month
Address		Meeting Time
Floor or Room		Note Months Chapter Meets:
City, State, Zip		

Number of people on the chapter/state organization's mailing list:

- Less than 20
 21-50
 51-100
 101-200
 201 or more
 Do not know

Has the chapter/state organization changed its bylaws or standing rules in the last twelve months?

- Yes
 No
 Do not know

Person filling out this form:

Name	
Email address	
Phone number	

List each of the chapter/state organization's leaders and committee chairs. You may also attach a separate list.

Role/Title	Person's Name	Person's Email
Main Leader/President		
President-Elect		
Co-President		
Vice President		
Treasurer		
Secretary		
Newsletter Editor		
Webmaster		
Committees		
Committee Name	Leader's Name	Leader's Email
Other Leaders		
Role/Title	Person's Name	Person's Email

Status regarding date of last filing of 990:

- 990-N Date: _____
- 990-EZ Date: _____
- 990 Date: _____

What is the 501(c)(3) Tax-Exempt Status?

- 501(c)(3) HLAA National Group
- 501(c)(3) Filed For Tax-Exempt Status On Own
- Revoked (Date) _____ Do not know

Name/email of person who filed the 990:

Has the chapter/state organization submitted a simple budget? Yes No If No, please explain*

*Budget not submitted because:

Please save this completed document, then:

- Email it to: chapters@hearingloss.org OR
- Mail it to: HLAA, Attn: Chapters, 6116 Executive Blvd., Suite 320, Rockville, MD 20852

Thank you!