



# ALUMNI CHAPTER PROGRAM STATEMENT OF INTENT

## FISCAL YEAR 2009

For Support Between January 1 and December 31, 2009: \*\*\*\* FORM DUE JAN 31, 2009

Please return this form to us either by mail (UTAA CHAPTERS •1609 Melrose Avenue • Knoxville, TN 37996), fax (865-974-0810) or email to your Chapter Director.

Name of Alumni Group: \_\_\_\_\_

Please check one:       CHAPTER\*\*\*     CHAPTER\*\*     CHAPTER\*     CLUB     DISSOLUTION

As ambassadors of the University of Tennessee Alumni Association, we agree to uphold UTAA’s expectations as outlined in the Chapter Tier Packet. We have read and understand the Packet; and agree to abide by all of the expectations to be recognized at level (tier) indicated above and will receive the benefits offered at that tier.

If at any time we feel we cannot abide by UTAA’s expectations for the category circled above, we will notify our Chapter Director immediately to be transitioned to another category. We understand we cannot transition upwards until the next Year In Review period.

If after the calendar year is over we have not fulfilled our expectations as promised, we understand that UTAA will transition us down a category, unless an explanation is filed with your UTAA Chapter Director.

We agree to respond to requests from students, alumni and UTAA in a timely manner. **It is also understood and agreed that the primary contact’s name, email and phone number provided below will be publicly posted on the UTAA website and printed materials.**

**President/Primary Contact’s Information:**

Full name: \_\_\_\_\_ UTAA Class Year: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ Type: HOME WORK CELL

Contact Email: \_\_\_\_\_

Alumni Group Web Address: \_\_\_\_\_

Alumni Group Email/Listserv Address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PRESIDENT / PRIMARY CONTACT**

Signed: \_\_\_\_\_ Date Received: \_\_\_\_\_

**UTAA ALUMNI CHAPTER DIRECTOR**

**FOR UTAA OFFICE USE ONLY:**

- Confirmed status with group via email
- Added to chapter access document
- Added to UTAA website Alumni Group section

- Added to “Friend List” in IRIS
- Updated Information in ANDI

**STATEMENT OF INTENT/OFFICER STRUCTURE (MUST COMPLETE)**  
 (FOR CHAPTERS ONLY)

<b>President Elect</b>				Last	First	Middle
Class Year(s)	Term Begin Date:		Term End Date:			
Address		City	State	Zip Code		
Preferred Phone		Email				

<b>Treasurer</b>				Last	First	Middle
Class Year(s)	Term Begin Date:		Term End Date:			
Address		City	State	Zip Code		
Preferred Phone		Email				

<b>Secretary</b>				Last	First	Middle
Class Year(s)	Term Begin Date:		Term End Date:			
Address		City	State	Zip Code		
Preferred Phone		Email				

<b>Past President</b>				Last	First	Middle
Class Year(s)	Term Begin Date:		Term	End Date:		
Address		City	State	Zip Code		
Preferred Phone		Email				

## STATEMENT OF INTENT/OFFICER STRUCTURE (CONT'D)

*(FOR CHAPTERS ONLY, FIRST THREE FIELDS REQUIRED)*

<b>Other (please state)</b> Last				First		Middle	
Class Year(s)		Term Begin Date:		Term End Date:			
Address		City		State		Zip Code	
Preferred Phone		Email					

<b>Other (please state)</b> Last				First		Middle	
Class Year(s)		Term Begin Date:		Term End Date:			
Address		City		State		Zip Code	
Preferred Phone		Email					

<b>Other (please state)</b> Last				First		Middle	
Class Year(s)		Term Begin Date:		Term End Date:			
Address		City		State		Zip Code	
Preferred Phone		Email					

<b>Other (please state)</b> Last				First		Middle	
Class Year(s)		Term Begin Date:		Term End Date:			
Address		City		State		Zip Code	
Preferred Phone		Email					

**Please attach additional sheets with board of directors for your Alumni Chapter**

# UTAA Alumni Chapter Proposed Annual Plan

*January 2009-December 2009*

**Chapter Name:** \_\_\_\_\_

**President Name:** \_\_\_\_\_ **Term Dates:** \_\_\_\_\_

In the boxes below, please fill in any programming that your chapter is planning for the coming year. Please include annual meetings (Chapter \*\* and \*\*\*), activities (picnics, tv-viewing parties, etc.), and elections of board members. Use this as a way to begin thinking about the types of events you and your chapter wish to do throughout the coming year – you do not need to include all the details, only a general idea of the type of program you would like to have at that time. Remember to think about what you are offering as a package to your community.

**\*\*\*Please indicate events and the Services to Tennessee it fulfills. Also please indicate when you will be requesting your mailer or e-mails for the year. Please look at the benefits in your tier to see how many emails/mailers your chapter/club qualifies for.**

<b>January 2009</b>     <b>Email:</b> _____ <b b="" mailer:<=""> _____</b>
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<b>February 2009</b>     <b>Email:</b> _____ <b b="" mailer:<=""> _____</b>
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<b>March 2009</b>     <b>Email:</b> _____ <b b="" mailer:<=""> _____</b>
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<b>April 2009</b>     <b>Email:</b> _____ <b b="" mailer:<=""> _____</b>
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<b>May 2009</b>     <b>Email:</b> _____ <b b="" mailer:<=""> _____</b>
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**UTAA Alumni Chapter Proposed Annual Plan**  
*Jan. 2009-Dec. 2009, Contd.*

**June 2009**

Email: \_\_\_\_\_  
Mailer: \_\_\_\_\_

**July 2009**

Email: \_\_\_\_\_  
Mailer: \_\_\_\_\_

**August 2009**

Email: \_\_\_\_\_  
Mailer: \_\_\_\_\_

**September 2009**

Email: \_\_\_\_\_  
Mailer: \_\_\_\_\_

**October 2009**

Email: \_\_\_\_\_  
Mailer: \_\_\_\_\_

**November 2009**

Email: \_\_\_\_\_  
Mailer: \_\_\_\_\_

**December 2009**

Email: \_\_\_\_\_  
Mailer: \_\_\_\_\_

*Please send completed annual plan to:*  
**UTAA Alumni Chapter Program**  
**Attn: Sarah Stair**  
**1609 Melrose Avenue – Tyson Alumni House**  
**Knoxville, TN 37996-3550 or fax to 865-974-0810**