THE KIWI CLUB
NEB QUARTERLY ACTIVITY REPORT FORM

Each member of the NEB and Support Staff to fill in this form before NEB Meetings.

Date (include term): _____

Name: _____ **Office:** _____

GENERAL GOALS FOR TERM:

_____

_____

_____

JOB DUTIES:

As stated in the National Bylaws and detailed in my section of the Officers Manual.

_____

_____

_____

BUDGET:

Budgeted for Office $ _____

Expenses and In-Kind (if any) $ _____

ACCOMPLISHMENTS DURING LAST QUARTER:

_____

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