



2016 ACerS Section Information Form

Please print or type all information.

Section Name: _____

Section Dues: _____ Year Section Formed: _____

Number of Active Members: _____ Section Website: _____

Geographic Area Served:

Note: U.S. ZIP codes are the official boundaries of all ACerS Sections; be sure to include the state(s) that your geographic area encompasses.

Elected Officers

Chairperson: _____

Email Address: _____ Phone Number: _____

Vice Chair (if applicable): _____

Email Address: _____ Phone Number: _____

Secretary: _____

Email Address: _____ Phone Number: _____

Treasurer: _____

Email Address: _____ Phone Number: _____

Month in which elections take place: _____

Month in which new officers assume their positions: _____

Standing committees in place (such as Nominating, Education, Membership, or other):



How often your Section meets: _____

Has your Section set goals or developed a strategic plan? Yes No

If so, please describe: _____

Does your Section publish a newsletter? Yes No

How can ACerS assist you?

Do you need recruiting materials? Yes No

Do you need assistance with starting a newsletter? Yes No

Do you need assistance with establishing goals? Yes No

Please list any other ways that ACerS can assist your Section:

Person completing this form _____

Date _____

Please return your completed information form via mail, fax, or email to:

Belinda Raines, Outreach Manager
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