ATOS CHAPTER INFORMATION UPDATE

Dear Chapter Officers—

Please take a moment to complete this form with the information asked below. It will help the ATOS Board of Directors to update existing information or obtain new information where it may be absent. When completed, email form to Jack Moelmann at j.moelmann@atos.org.					
CHAPTER NAME:					
OTHER NAME:					
Are you incorporated? Yes No	If yes, in	what state?			
Are you recognized as tax exempt (501(c)(3))?	Yes	No			
Are you sales tax-exempt within the state?	Yes	No			
Of the theatre pipe organs in your area, how man organ)	y are: (plea	ase list the venue and make/s	size of		
Chapter owned:					
Chapter maintained:					
Chapter accessible:					
Other theatre organs where none of the a	bove apply:	:			

How many members do you have at the present time?

Approximately how many members play the organ reasonably well?

Do you have any qualified organ teachers in your area?	Yes	No		
Do you have any young people interested in learning how to p	olay? Yes	No		
How many have some technical expertise or skills in fixing or otherwise maintaining theatre pipe organs?				
Does your chapter organize theatre organ concerts? Yes If yes, how many per year?	No			
What is the average attendance?				
Your name:				
Position within the Chapter:				
Contact e-mail:				
Phone number:				