THE COORDINATING COUNCIL FOR HONOR SOCIETIES

CERTIFICATION OF ACTIVE STATUS 2017-2018

Name of Honor Society: __________________________________________________________

First Event:

Date of the Event: ______________________ Member Turnout: __________________

Partnering Organizations: ___________________________________________________

Purpose of the Event: ______________________________________________________
________________________________________________________________________

Second Event:

Date of the Event: ______________________ Member Turnout: __________________

Partnering Organizations: ___________________________________________________

Purpose of the Event: ______________________________________________________
________________________________________________________________________

Third Event:

Date of the Event: ______________________ Member Turnout: __________________

Partnering Organizations: ___________________________________________________

Purpose of the Event: ______________________________________________________
________________________________________________________________________

President’s Signature: ______________________________ Date: ______________________

Advisor’s Signature: ______________________________ Date: ______________________

***Please feel free to provide additional sheets if necessary***