

If you received this report form by email, please complete and return it online and cc your Diocesan Coordinator and Provincial President, or you may mail the completed form directly to the BStA National Service Center (address below).

The Brotherhood of St. Andrew, Inc. PO Box 1382, Louisville, KY 40201 | Tel: 502-450-5640 | E-mail address: admin@brothersandrew.net

2024 Annual Chapter Report (ACR) for Chapter # _____

Due to BStA Service Center between November 30th, 2024 and January 31st, 2025

Dear Chapter Director - **Each year we send a roster** of Chapter members to each Chapter Director to ensure records are accurate. Please review the roster, make corrections/additions in the section on the ACR, complete the remainder of the ACR and submit a copy to your Province President. If you have not received a Chapter roster, please contact your Province President or the National Service Center at admin@brothersandrew.net for assistance.

This document 1) is a key element of our culture, 2) provides key field information, 3) provides accountability for BStA processes and activities, and 4) is a basic document for the assessment and completion of the BStA Annual Scorecard – measuring how we are doing at living out the BStA Vision and Mission/Discipline.

REQUIRED INFORMATION: PARISH Name: _____ PARISH phone: (_____) _____

PARISH Address: _____ PARISH E-MAIL ADDRESS: _____

Submitted by: _____ Chapter Officer Title: _____ E-mail Address: _____ Date: _____

1. Where does your Chapter usually meet?
2. How often each month does your chapter meet or have planned activities?
3. Does your chapter have meetings that are Hybrid or only Zoom?
4. Does your chapter follow the Order of Worship found in our Devotional Handbook?

5. Does your chapter sing hymns or include music during your gatherings?
6. What types of “fellowship” does your chapter do?
7. Does your chapter sponsor a junior Brotherhood group or other youth activities?
8. Does your chapter have a special service, rededication, or other observance on St. Andrew’s Day, November 30th?
9. What is the average number of Brothers attending your meetings/activities?
10. How supportive is your Priest of the Brotherhood? Circle: 1 2 3 4 5 (*5 is very active*).
11. The Brotherhood has several ministry programs. What does your chapter do to support these ministries locally or in your community?
12. Based on your chapter’s previous activities, what activities does your chapter plan for the coming fiscal year?
13. What can the Brotherhood of St. Andrew as a service center and a community of good men need to do to make your chapter and others more successful?
14. Does your Chapter have local dues/fees above the National dues of \$50? If yes, how much? _____
15. Does your chapter have any local fund-raising activities? If yes, please briefly explain the purpose of these events/activities.

Current chapter officer information. Provide e-mail addresses and Cell Phone number. (REQUIRED)

POSITION & NAME	PHONE #	CELL PHONE #	E-MAIL ADDRESS
Director			
Vice Director			
Secretary			
Treasurer			
National Council Member (may be member other than officer) Constitution: xxx			
Rector			

You may also submit your ENTIRE chapter membership roster by attaching another page. (Please include Name, Address, City, State, Zip, Phone, Email Address, Date of Birth.) ALSO PLEASE let National know any brothers who have died, moved or left your chapter.

Chapter membership: Please enter below any NEW members

First name	Last Name	Dues Amt	Mailing Address	City State Zip	Email address and Phone Number	Date of Birth MM/DD/YY

What changes would you make to this form for next year?