



**USA COUNCIL OF SERRA INTERNATIONAL
SERRA CLUB-IN-FORMATION PROFILE & PROGRESS REPORT**

e-mail: serraus@serraus.org website: <http://www.serraus.org>

Proposed Name: Serra Club of _____	Diocese: _____
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Sponsoring Serra Club: _____	District: _____	Region: _____
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Contact Information

Title	Last Name	First	M.I.	Nickname
Home Address	Street Address	City	State	Zip
Telephone	Home:	Business:	Other:	
Fax	Home:	Business:		
Email	Home:	Business:		

**New Serra Club Organization/Structure Development Information
Interim Officers and Core Committee**

President	Chaplain
Secretary	Treasurer
Vice-President Vocations	Vice-President Programs
Vice-President Communications	Vice-President Membership

Does the new club have the Bishop's support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vocations Office notified	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chaplain been selected and appointed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of organizational meeting		
Reviewed Serra International Constitution and Bylaws	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of next meeting		
Reviewed USA Council Constitution and Bylaws	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Proposed charter presentation date		
Proposed and adopted Local Club Bylaws	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Membership goal		
Reviewed Serra International USA Council dues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you wish to complete and submit member-at-large applications until charter of new club	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proposed and adopted Local Club Dues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bulk mailing of the Serran	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Club-in-Formation newsletter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Serrans required		
Regional Director notified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	District Governor notified	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Membership Coordinator notified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	District Extension Team	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional membership materials needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Signed: _____

Date _____

IMPORTANT: This progress report must be completed within two weeks of each organizational meeting and mailed to USA Council of Serra International ATTN: Membership Coordinator, 65 East Wacker Place Suite 802, Chicago IL 60601-7203, or by fax 1-888-777-6803. The Serra representative, who attends the meeting, must sign this report. Please send courtesy copies of this report to the Regional Director and District Governor.