



August 30, 2024

Dear ITPA Chapter/Club Secretaries,

Each year, clubs and chapters are required to file an annual report to the Regional Vice-President (RVP) assigned to their region. Once an approved annual report is filed with the National Office, the club/chapter is eligible to receive a dues refund check. Clubs/Chapters will be reimbursed \$6.00 for each member that has paid dues for the current year. Your annual twelve-month reporting period may be the calendar year, your fiscal year, or your election of officer year.

Enclosed with this letter are three (3) documents:

1. Chapter/Club Annual Reporting Form
2. Chapter/Club AZ List
3. RVP Checklist

These forms are to be completed and received (postmarked) by the RVP **No later than October 17th** to be eligible for dues reimbursements. Late submissions, incomplete forms, or failure to provide all the requested documents may result in the forfeiture of your club's dues refund.

PLEASE KEEP IN MIND THAT YOU MUST INCLUDE COPIES OF ALL OF THE FOLLOWING FOR A DUES REFUND:

- MEETING MINUTES FROM ANNUAL MEETING
- CURRENT LIST OF OFFICERS INCLUDING ITPA MEMBERSHIP NUMBERS (this can be found on your A-Z membership list)
- SERVICE PROJECT(S) AND DESCRIPTION(S) -AT LEAST ONE IS REQUIRED PER YEAR
- CORRECTED/UPDATED AZ LIST (see note below)

NOTE: Due to the spreadsheet layout of the AZ list and the size of some club's rosters you are not required to print your club's AZ list to include with your Annual Report Forms. However, all AZ lists MUST still be updated, with changes indicated. You may return your UPDATED AZ list directly to the National Office via email for processing. Please be sure to indicate this on your RVP Checklist form to avoid any delays in processing your forms. The membership database will be updated according to the information you provided on the updated/corrected AZ List. Please ensure it is *accurate and legible*.

Dues reimbursements will be processed after all the completed Chapter/Club Annual Reporting forms and updated/corrected AZ Lists have been returned to the National Office. Refund checks are typically mailed to the club treasurer in October. Accurate address information must be provided for your club officers. Completion of the Annual Report is required, to be eligible to participate in the National Awards Program.

Should you have any questions or concerns, please contact Andrea Wick at the National Office by email, or at the address and telephone number listed below. You may also contact your RVP indicated on the enclosed RVP Checklist.

Sincerely,

Andrea Wick

Executive Director, ITPA

Main Line: 912-408-4872

itpa@telecom-pioneers.net



Independent Telecommunications Pioneer Association Annual Report Form

Updated AZ list has been sent directly to the National Office via email for processing:

YES or NO

(If no is indicated above, you must include a printed copy of your updated AZ list in this packet)

Our Chapter/Club has met the minimum requirements and is eligible for a Dues reimbursement. We also understand that all requested attachments must be provided with this report and the A-Z List must be updated. Reports must be mailed or emailed to the Regional Vice President and postmarked no later than September 26th.

Submitted By: _____ Email Address: _____
Office Held: _____ Phone: _____
Date: _____



Regional Vice President Contact Information

2024-2025 ITPA Regional Vice Presidents - States & Contact Information			
Region 1	Region 2	Region 3	Region 4
New England states - including NJ, PA	North Central/ Western states	Southeast states/ excluding Florida	Midwest states and Florida
Gregg Klatsky	Darlene Roll	Darlene Roll	Nancy Schnitzer
	Sprint/Centurylink- Retired	Sprint/Centurylink- Retired	Embarq - Retired
67 Field Rd.	4867 Martinsburg Rd	4867 Martinsburg Rd	2005 Wildridge Drive
Flamouth, ME 04105	Newark, OH 43055	Newark, OH 43055	Tallahassee, FL 32303
(207) 357-6522	(419) 371-5515	(419) 371-5515	(850) 562-3416
bacon@baconllc.net	droll1998@gmail.com	droll1998@gmail.com	SchnitzerHome@comcast.net
States in each Region			
Connecticut	Delaware	Alabama	Arkansas
Pennsylvania	Indiana	Bermuda	Colorado
Massachusetts	Maryland	Georgia	Iowa
New Hampshire	Ohio	Kentucky	Kansas
New York	Virginia	Mississippi	Louisiana
Rhode Island	Washington DC	North Carolina	Minnesota
Vermont	West Virginia	South Carolina	Missouri
New Jersey	Wisconsin	Tennessee	Nebraska
Maine	Michigan	Bermuda	New Mexico
	Alaska		North Dakota
	Arizona		South Dakota
	California		Illinois
	Hawaii		Oklahoma
	Idaho		Texas
	Montana		Florida
	Oregon		
	Utah		
	Washington		
	Wyoming		
	Nevada		

ITPA National Office
 438 W. Oglethorpe Hwy
 Hinesville, GA 31313
 912-408-4872
 Email: itpa@telecom-pioneers.net



Independent Telecommunications Pioneer Association Club and Chapter Annual Report Form

Chapter/Club Name: _____ Chapter/Club Number: _____

<p>President Name: _____ ITPA Membership # _____ Address: _____ _____ E-mail Address: _____ Day Phone: _____ Evening Phone: _____</p>	<p style="text-align: center;"><u>Title</u></p> <p style="text-align: center;">Mr. Ms. Mrs. Miss Dr.</p> <p style="text-align: center;"><u>Address Type</u></p> <p style="text-align: center;">Business Residence</p>
<p>Vice President Name: _____ ITPA Membership # _____ Address: _____ _____ E-mail Address: _____ Day Phone: _____ Evening Phone: _____</p>	<p style="text-align: center;"><u>Title</u></p> <p style="text-align: center;">Mr. Ms. Mrs. Miss Dr.</p> <p style="text-align: center;"><u>Address Type</u></p> <p style="text-align: center;">Business Residence</p>
<p>Secretary Name: _____ ITPA Membership # _____ Address: _____ _____ E-mail Address: _____ Day Phone: _____ Evening Phone: _____</p>	<p style="text-align: center;"><u>Title</u></p> <p style="text-align: center;">Mr. Ms. Mrs. Miss Dr.</p> <p style="text-align: center;"><u>Address Type</u></p> <p style="text-align: center;">Business Residence</p>
<p>Treasurer Name: _____ ITPA Membership # _____ Address: _____ _____ E-mail Address: _____ Day Phone: _____ Evening Phone: _____</p>	<p style="text-align: center;"><u>Title</u></p> <p style="text-align: center;">Mr. Ms. Mrs. Miss Dr.</p> <p style="text-align: center;"><u>Address Type</u></p> <p style="text-align: center;">Business Residence</p>



Chapter/Club Mailing Address: _____

Does your Club/Chapter have a social media account? If yes, please list which social media platform is being used, and the name the Club is listed as so that we can connect with you: _____

Election of Officers

Date of Election (MM/DD/YY): _____

Terms of Office (MM/DD/YY): _____

Annual Reporting Dates (MM/DD/YY): _____

Which officer should the dues reimbursement check be mailed to? _____

Annual Business Meeting (may be held by teleconference or by electronic mail)

Date of Annual Business Meeting (MM/DD/YY): _____

Copy of Minutes from Annual Business Meeting Attached: Yes _____ No _____

Service Project

Date of Service Project (MM/DD/YY) : _____

Description of Service Event: