

**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 Taylor Trimby at [t.trimby@atos.org](mailto:t.trimby@atos.org).

CHAPTER NAME:

OTHER NAME:

Chapter Officers

Name \_\_\_\_\_ Position \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Email \_\_\_\_\_

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Name \_\_\_\_\_ Position \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Email \_\_\_\_\_

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 many are: (please list the venue and make/size of organ)

Chapter owned:

Chapter maintained:

Chapter accessible:

Other theatre organs where none of the above 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 play? 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                      No  
If yes, how many per year?

What is the average attendance?

Your name:

Position within the Chapter:

Contact e-mail:

Phone number: