Save the completed report using the following format: Submit your report via email to the WFAA Executive Council and post your report to the WFAA website’s Meeting Minutes Index no less than 4 days prior to meeting.

| WFAA Quarterly Officer/Committee Report 2019-2020 |
| --- |
| **Executive Council Meeting Date** | October 22, 2019 |
|  | WFAA Yakima |
|  |  |
| **Officer/Committee Information** |
| **Office Held/Committee Name:** | Membership Chair |
| **Officer/Committee Chair:**  | Tammy Zibell |
|  |
| **Officer/Committee Goals for Service Year** |
| Strategic Plan Goals that are being met *(check all that apply)* |  |
| Goal 1: Be a leader in providing training and professional development opportunities that are responsive to member needs | [ ]  |
| Goal 2: Maintain the long-term financial stability of the Association | [ ]  |
| Goal 3: Assess and monitor the performance of the Association and implement strategic Adjustments | [ ]  |
| Goal 4: Increase member participation in Association activities | X |
| Goal 5: Continually improve methods and processes for communicating with the membership | X |
| Goal 6: Consolidate and communicate the public policy positions of financial aid administrators in Washington State and provide members with support and education to further their own advocacy efforts | [ ]  |
| Goal 7: Maintain and enhance the diversity of our membership and the Executive Committee | [ ]  |
| Goal 8: Collaborate and coordinate with other organizations and associations in order to serve our members more efficiently and effectively | X |
| **Specific Officer/Committee Goals** *(Include progress toward goals and measurement of success.)* | 1. Increase member participation.
 |
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| Summary of Activities *(Descending Chronological)* |
| 1. 9-24-19 Worked with Sarah preparing Institutional Membership letter to be sent out to WFAA members.
2. October 17, 2019 – We have 2332 Active Members

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| **Budget Information** |
| Approved Budget | N/A |
| Budget Expenditures to Date | N/A |
| Event Information *(complete if applicable)* | N/A |
| Event Name |  |
| Location |  |
| Date |  |
|  | Number  | Cost of Registration | Subtotal |
| Attendees |  |  |  |
| Complimentary Registrations *(if applicable – i.e., scholarship recipients)* |  |  |  |
| Add more rows as needed for additional events. |
|  |
| **Suggestions for Future Officer/Committee** |
| Continue to find ways to increase WFAA Membership |
|  |
| **Calendar of Events/Timelines** |
| Date | Committee Member Responsible  | Description |
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