*Pennsylvania*

 STATE CONFERENCE

**QUARTERLY UNIT ACTIVITY REPORT FORM –** *Continue on additional sheets if necessary.*

 **DATE:**

|  |  |
| --- | --- |
| **UNIT NAME**:  | **UNIT NUMBER**:  |
|  **President’s Name:** | **Quarter:**  |
| **Address:** | **Phone:**  |
| **State Zip Code**  | **City**  |
| **Email** |  |
| **Secretary:** | **Email** |