



KEA Membership: (Choose One)

KEEP KY Learning Membership Plan: _____

KEA Membership Grant Plan: _____

Local: _____

Current Membership: _____

Membership Goal: _____

Local President: _____

UniServ Director: _____

Activity ¹	Date of Activity	Members, Officers/Staff Responsible	Budget	Evaluation How many people attended the event? How many people joined?
1.1 Describe Activity Retention ___ Recruitment ___				
2.1 Describe Activity Retention ___ Recruitment ___				
3.1 Describe Activity Retention ___ Recruitment ___				
4.1 Describe Activity Retention ___ Recruitment ___				

Signatures: President _____ and UniServ Director _____

Date Submitted: _____ Submit to: RBryant@kea.org ; Rosalind Bryant, KEA, 401 Capital Avenue, Frankfort, KY 40601

¹ Describe why are you doing/having this event, activity, meeting, or training?

* For additional space, attach pages to plan