

CARE FOUNDATIONAL AND PLUS PLANNER



PRIMARY CHAPTER CARE CONTACT

ENTER CHAPTER LEADER'S NAME

CATEGORY	ELEMENTS	STARTING	ENDING	DONE
Board of Directors	Board Meetings: Chapter board meets at least once per quarter.	[Select Date]	[Select Date]	Yes \ No
	Board Roster: Chapter submits an incoming board roster in Excel template.	[Select Date]	[Select Date]	Yes \ No
	Professional Development: Chapter board members maintain Power Membership (joint chapter/ATD national membership).	[Select Date]	[Select Date]	Yes \ No
	Position Descriptions: Chapter maintains written position descriptions for elected members.	[Select Date]	[Select Date]	Yes \ No
Board of Directors CARE Plus (Select Four)	CARE Plus - Select One			Yes \ No
	CARE Plus - Select One			Yes \ No
	CARE Plus - Select One			Yes \ No
	CARE Plus - Select One			Yes \ No
Governance	Operating Plan: Chapter creates and submits an operational plan for the coming year.	[Select Date]	[Select Date]	Yes \ No
	Governing Documents: The chapter's mission, vision, and bylaws align with those of ATD, and the chapter meets the ATD branding guidelines.	[Select Date]	[Select Date]	Yes \ No
	Government Reporting Requirements: Chapter complies with federal and state reporting requirements. Submission of 990/990-N filings to chapter services is required.	[Select Date]	[Select Date]	Yes \ No
	Board Selection: Chapter members participate in the nomination or election of the chapter board.	[Select Date]	[Select Date]	Yes \ No
Governance CARE Plus (Select Two)	CARE Plus—Select One			Yes \ No
	CARE Plus—Select One			Yes \ No

Finance	Budget: The chapter board develops and approves an annual operating budget and makes it available to members.	[Select Date]	[Select Date]	Yes \ No
	Financial Documents: Chapter submits most recent yearly balance sheet.	[Select Date]	[Select Date]	Yes \ No
	Financial Documents: Chapter submits most recent profit and loss statement.	[Select Date]	[Select Date]	Yes \ No
	Financial Review: Chapter board has an internal or external financial review completed annually by a person or group not directly responsible for the management of chapter finances.	[Select Date]	[Select Date]	Yes \ No
Finance CARE Plus (Select Three)	CARE Plus—Select One			Yes \ No
	CARE Plus—Select One			Yes \ No
	CARE Plus—Select One			Yes \ No
Membership	Membership Roster: Chapter submits year-end membership roster in Excel.	[Select Date]	[Select Date]	Yes \ No
	Member Feedback: Chapter board assesses member needs and satisfaction levels at least once per year.	[Select Date]	[Select Date]	Yes \ No
	Power Member Activities: Chapter completes 10 Power Member activities of the chapter's choice.	[Select Date]	[Select Date]	Yes \ No
Membership CARE Plus (Select Six)	CARE Plus—Select One			Yes \ No
	CARE Plus—Select One			Yes \ No
	CARE Plus—Select One			Yes \ No
	CARE Plus—Select One			Yes \ No
	CARE Plus—Select One			Yes \ No
	CARE Plus—Select One			Yes \ No

Programming	Chapter Programs: Chapter provides at least six professional development activities per year for members.	[Select Date]	[Select Date]	Yes \ No
	CARE Plus—Select One			Yes \ No
Programming CARE Plus (Select Three)	CARE Plus—Select One			Yes \ No
	CARE Plus—Select One			Yes \ No
	CARE Plus—Select One			Yes \ No
Communication	Website: Chapter maintains a current website with up-to-date information.	[Select Date]	[Select Date]	Yes \ No
	Member Communication: Chapter distributes a communication piece to members at least once per quarter that features chapter and ATD programs and initiatives.	[Select Date]	[Select Date]	Yes \ No
	Annual Report: Chapter board shares an annual report at least once per year with members noting membership numbers, financial performance, and progress toward annual goals.	[Select Date]	[Select Date]	Yes \ No
	National Support: Board members hold, at minimum, an annual phone call with their chapter relations manager to identify opportunities for support.	[Select Date]	[Select Date]	Yes \ No
Communication CARE Plus (Select Two)	CARE Plus—Select One			Yes \ No
	CARE Plus—Select One			Yes \ No

CHAPTER RELATIONS MANAGER

ENTER NAME

E-MAIL AND PHONE NUMBER

NATIONAL ADVISOR FOR CHAPTERS

ENTER NAME

E-MAIL AND PHONE NUMBER

CARE JOINT MEMBERSHIP ACTIVITIES

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ACTIVITIES: SELECT A MINIMUM OF 10

	DONE?		DONE?
Host a Power Member page on chapter website	Yes \ No	Highlight Power Membership in chapter email communications	Yes \ No
Send quarterly email to prospective members promoting Power Membership	Yes \ No	Participate in the Chapter Membership on the ATD Store program	Yes \ No
Mention Power Membership at the start of each chapter event	Yes \ No	Promote Power Membership at SIG and GIG meetings	Yes \ No
Power Member benefits using rotating PowerPoint at events	Yes \ No	Request list of ATD members quarterly; identify prospects	Yes \ No
Use printed Power Member collateral at each event	Yes \ No	Request joint membership calculation from CRM quarterly	Yes \ No
Power Member section in chapter newsletter	Yes \ No	Promote Power Membership at chapter special events	Yes \ No
Power Member logos on chapter website	Yes \ No	Create group/corporate Power Membership offering	Yes \ No
Power Member testimonials on website, newsletter, and other media	Yes \ No	Talk about Power Membership at each board meeting	Yes \ No
Power Member messages on social media	Yes \ No	Conduct an orientation for new Power Members	Yes \ No
Share a joint membership best practice on a NAC area call, SOS, or at ALC	Yes \ No	Hold a program on the value of Power Membership	Yes \ No
Hold an event to recruit ATD members	Yes \ No	Promote Power Membership at chapter conference	Yes \ No
Conduct a Power Member drive	Yes \ No	Customize joint membership activities for your chapter	Yes \ No
Publicize the special "Power Member" rate (for instance Professional: \$269 or Professional Plus: \$449 for chapter members)	Yes \ No	Customize joint membership activities for your chapter	Yes \ No