



FLORIDA HEALTHCARE ENGINEERING ASSOCIATION

ANNUAL REPORT from DISTRICT _____ to the FALL ANNUAL BUSINESS MEETING

Date _____

Number of District Meetings for this past year: _____

Current # of Full Members _____ Current # of Life Members _____

Treasurer's Report Beginning balance \$ _____

Ending balance \$ _____

Number of hours of educational programs for this past year: _____

District Engineer of the Year is: _____

District Supporting Member of the Year is: _____

District Officers for next year are:

President _____

Vice President _____

Secretary _____

Treasurer _____

District Rep _____

Additional information of interest:

Respectfully submitted,

Note: Attach a second sheet if necessary,
to include any additional pertinent information.