

**NSS American Fraternal Alliance
Assembly/Region Activity
Questionnaire
Year Ending December 31, 2024**



Note that this form is to be used by both the Assemblies and Regions.

Assembly/Region: _____

City: _____

State: _____

Officers Name: _____

Title: _____

Email Addr _____

Fraternal Support -

Fraternal support allows us to help with education needs, promoting ethnic and cultural programs; taking part in patriotic activities, supporting religious events, taking care of our elderly when help is needed and any other ways that we "lend a fraternal helping hand".

Number of Fraternal Events Supported: _____

Number of Fraternal Volunteer Hours Spent: _____

Tot Expenditures for Fraternal Support: _____

Charitable - Community Service

Information pertaining to your Assembly's involvement in your communities

Number of CS Events Attended: _____

Number of CS Volunteer Hours Spent: _____

Tot Expenditures for CS: _____

ONLY EVENTS OR FUNDING APPROVED BY THE REGION SHOULD BE INCLUDED IN THIS REPORT

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