

Section II

MIP Health Check

Chapters should use this form to determine their eligibility to request authorization to conduct a Membership Intake Process. This form is sent to the Regional Director with the Request for Authorization.

Graduate Chapter Name: _____

Region: _____ **Date of Last MIP:** _____

Chapter Address: _____
City, State ZIP Code

1. Did the chapter have representation at the following conferences meetings for the last two (2) years immediately preceding the date of this application? (Circle Yes or No)

Boule	Yes	No
Regional Conference	Yes	No
Leadership Seminar	Yes	No
Cluster	Yes	No
2. Did the chapter submit their most recent Program Reports by the due date of December 31? (Circle Yes or No)

Program Report (online)	Yes	No
Program Report (Other)	Yes	No
3. Did the chapter submit their End of the Year Reports – Due December 31 no later than February 1? (Circle Yes or No)

Statement of Financial Reports	Yes	No
Standards End of Year Reporting	Yes	No
Membership End of the Year Report	Yes	No
Connection End of the Year Reporting Form	Yes	No
4. What rating did the chapter receive on the most recent Standards Evaluation? Standards Evaluation Rating (circle rating received)

1	2	3
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5. Does the chapter have 100% membership status with our Educational Advancement Foundation? (Circle Yes or No)

Yes	No
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6. Did the chapter submit Roster of Officers and Committee Chairmen – Due Date Requested by Corporate Office (Circle Yes or No)

Yes	No
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7. Did the chapter submit the bylaws to the Regional Director? (Circle Yes or No)

Yes	No
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8. Does the chapter have members who are eligible to be sponsors? *If the answer is no to question 8, do not proceed any further.* (Circle Yes or No)

Yes	No
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9. Chapter has reviewed the Risk Management video message from Supreme Basileus? (Circle Yes or No)

Yes	No
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10. Chapter has reviewed the chapter's retention rate as it relates to the most recent Graduate MIP process (within the past 5 years)? (Circle Yes or No or Not Applicable)

Yes	No	Not Applicable
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Year Graduate MIP Process was conducted: _____ Number of Candidates: _____ Retention rate: _____

Membership retention rate will be requested by the Regional Director from Corporate Office. If you were able to answer yes to all of the above questions, you may submit a Request for Authorization to Conduct Graduate MIP Form to the Regional Director