

INDIANA UNIVERSITY ALUMNI ASSOCIATION

Chapter Achievement Program

Agreement

Chapter name: _____

Chapter president's name: _____

Please place a check mark next to the achievement level your chapter plans to reach in the current fiscal year.

IU Spirit Level

Chapters participating at this level complete the annual requirements plus a minimum of four additional programs selected from **four of the eight** Keystones of Excellence. One of these programs must come from the **Membership Keystone of Excellence**.

IU Tradition Level

Chapters participating at this level complete the annual requirements plus a minimum of **eight** additional programs selected from each of the **eight Keystones of Excellence**.

IU Legacy Level

Chapters participating at this level complete the annual requirements plus a minimum of **sixteen** additional programs. The chapter must select a minimum of two programs from each of the **eight Keystones of Excellence**.

Chapter president's signature

Date

For more information about the chapter achievement program, refer to our Web site at www.alumni.indiana.edu (chapter leaders) or contact us at (800) 824-3044.
