



Struggling CCIM Chapter Inquiry Form

This form provides information to the Institute regarding issues/struggles your chapter is experiencing and identifies support options to ensure every chapter is operating at its full potential.

Chapter Name _____

Address _____

Phone _____ **Email** _____

Current Chapter Leadership _____

Current Regional Vice President _____

Chapter Administrator _____

Strengths of the Chapter:

Weaknesses the Chapter faces:

Opportunities in the Chapter or Market:

Threats in the Chapter or Market:

What are the current Chapter Goals?

Does the Chapter have a Strategic Plan? *(If yes, please enclose with your submission)*

Yes

No

Additional Comments

Signature _____

If additional space is needed, please attach an addendum. Please return completed form to chaptercoordinator@ccim.com.