**UNION ACTIVITY PLAN**

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| **SUN SNC [insert NAME]**  to | | | |
| **Mailing Address:** | | **Phone Number** | **Fax Number** |
| **Executive:** | | | |
| Local President |  | | |
| Vice President (VP) |  | | |
| Secretary |  | | |
| Treasurer |  | | |
| SNC Representative(s) |  | | |
|  |  | | |
| **Goals and Objectives:**  (List the goals and objectives that you wish your activity to accomplish with the members.) | | | |
| 1.  2.  3. | | | |
| **Method:**  (This is how you will accomplish the goals and objectives, and the activities that you plan to implement.) | | | |
| 1.  2.  3.  4.  5. | | | |
| **Evaluation/Reflection:**  (What observances will you want to see from this activity, how will you know it was effective, what will identify where changes need to be made.) | | | |
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