**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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