

Appendix E

ANNUAL REPORT COVER SHEET FORM

Student Chapter Name: _____

University (if different from chapter name): _____

The following items must be attached:

- 1) **Annual report**
- 2) **Annual statement of cash receipts & disbursements (if chapter has a secondary account)**
- 3) **Officer listing for upcoming year. All must be renewed for upcoming year.**
- 4) **Copy of current student chapter by-laws, if updated in the past year**

I hereby support this chapter's annual report. The information contained within this report is accurate to the best of my knowledge.

Academic Adviser: _____ Date: _____

I hereby submit the attached Annual Report on behalf of our student chapter. The information contained within this report is accurate to the best of my knowledge.

Submitted by: _____ Date: _____

SUBMIT BY JANUARY 15 TO:

Angela Klink
AVS National Office
125 Maiden Lane, 15th Floor
New York, NY 10038
angela@avs.org

Appendix F

ANNUAL REPORT FORM

Annual Report for academic year: _____

Deadline: January 15

This report summarizes chapter activities for the past academic year.

Chapter Name: _____

Date of Report: _____

Person Submitting Report: _____

Phone: _____

Fax: _____

E-mail: _____

Regular Chapter Activities:

Number of business, technical or educational chapter meetings: _____

Number of guest speakers not associated with the department at a chapter meeting: _____

Number of guest speakers associated with department at a chapter meeting: _____

Regular chapter newsletter or printed communication: Yes No

Do you have a chapter homepage: Yes No

 If yes, is it linked to the AVS: Yes No

Other forms of visual or electronic communication (i.e., e-mail groups, bulletin board, etc.), please list:

Membership Development Activities:

Number of applications for AVS scholarship and awards: _____

Number of application for AVS poster sessions: _____

Number of chapter social events: _____

Career resources, programs, or job sponsored by chapter, please list: _____

Special Chapter Activities:

Numbers of tours taken at companies, corporations, and/or laboratories: _____

Attendance at AVS International Symposium by one or more members of chapter: Yes No

Number of attendees at AVS International Symposium: _____

Outreach projects, please list: _____

Career workshop, campus projects, and/or fundraising events, please list: _____

ANNUAL REPORT FORM (CONTINUED)**Regional Chapter Relations:**

Joint activities held with regional AVS chapter. Please list: _____

Attendance at regional chapter by one or more members of chapter: Yes NoStudent member or academic adviser sits on Executive Committee: Yes NoRegular communication with regional chapter (calls, emails, etc.): Yes No**Membership Drive:**Did your Student Chapter conduct a membership drive during the past year: Yes No

If yes, how many new student members: _____

If yes, how many new regular members: _____

Other Significant Activities:

Please describe: _____

Chapter Membership Statistics:

Number of student members: _____

Number of regular members: _____

Total membership: _____

Net gain/loss of members: _____

AVS Programs and Services:Start-up funds: Yes No Amount \$ _____Chapter rebate program: Yes No Amount \$ _____Travel support for AVS International Symposium: Yes No Amount \$ _____Mailing labels/reports: Yes No

Use of AVS products for chapter promotion, please list: _____

External Support:Did your chapter receive financial support from sources other than AVS during the past calendar year: Yes No

If yes, please list the sources and amounts:

Source: _____

Amount: \$ _____

ANNUAL REPORT FORM (CONTINUED)**Advertising:**

Did you receive advertising income from chapter newsletters, pamphlets, and/or flyers: Yes No
 (Advertising income is considered by IRS to be taxable, even for nonprofit organizations.)

If advertising income was received, please complete the following:

Advertising revenue: \$ _____

Paper and printing cost: \$ _____

Postage: \$ _____

Contract labor: \$ _____

Other production cost: \$ _____

Total number of pages published: _____

Total pages of advertising: _____

Financial Summary (AVS National Chapter Account):

Beginning balance: \$ _____ Date: _____

Total income: \$ _____

Total expenses: \$ _____

Ending balance: \$ _____ Date: _____

Financial Summary (Optional Secondary Chapter Account):

Beginning balance: \$ _____ Date: _____

Total income: \$ _____

Total expenses: \$ _____

Ending balance: \$ _____ Date: _____

Expenses and Income:

Attach annual statement of cash and disbursements (only if chapter has a secondary account)

SUBMIT BY JANUARY 15 TO:

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 AVS National Office
 125 Maiden Lane, 15th Floor
 New York, NY 10038
 angela@avs.org

Appendix G

ANNUAL STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS—SAMPLE

Annual Statement of Cash Receipts and Disbursements (only required if Chapter has a secondary account)

Academic Year: _____

Chapter Name: _____

Date of Report: _____

Person Submitting Report: _____

Phone: _____

Fax: _____

E-mail: _____

Bank: _____

Account Number: _____

PRIOR YEAR ENDING BALANCE **\$ 0.00**

INCOME (Do not include travel reimbursements from AVS)

Interest Income	\$ 22.00
AVS Membership Rebate	\$ 340.00
AVS Start-Up Funds	\$ 500.00
Fund Raisers	\$ 400.00
Meeting Income	\$ 120.00
University Department	\$ 500.00
AVS International Symposium Travel Support	\$ 500.00
AVS Allocation	<u>\$ 0.00</u>
Total Income	\$2382.00

EXPENSES

Travel to AVS International Symposium	\$ 500.00
General Travel Support	\$ 90.00
Hall Rental	\$ 100.00
A-V	\$ 100.00
Food & Beverage	\$ 100.00
Meetings/Refreshments	\$ 152.00
Department Barbecue	\$ 310.00
Membership Drive	\$ 140.00
New Student Orientation	<u>\$ 215.00</u>
Total Expenses	\$1707.00

ENDING BALANCE **\$ 675.00**

SUBMIT WITH THE ANNUAL REPORT BY JANUARY 15 TO:

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 125 Maiden Lane, 15th Floor
 New York, NY 10038
 angela@avs.org

Appendix H

OFFICERS LISTING FORM FOR UPCOMING YEAR **(ALL MUST BE RENEWED FOR UPCOMING YEAR)**

Chapter Name: _____

Academic Year: _____

Academic Adviser:

Name: _____

Address: _____

Phone: _____

E-mail: _____

Second Academic Adviser (optional):

Name: _____

Address: _____

Phone: _____

E-mail: _____

Chair:

Name: _____

College Mailing Address: _____

Phone: _____

E-Mail: _____

Vice-Chair:

Name: _____

College Mailing Address: _____

Phone: _____

E-Mail: _____

OFFICERS LISTING FORM FOR UPCOMING YEAR (CONTINUED)

Secretary:

Name: _____

College Mailing Address: _____

Phone: _____

E-Mail: _____

Treasurer:

Name: _____

College Mailing Address: _____

Phone: _____

E-Mail: _____

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