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 □ No
Student member or academic adviser sits on Executive Committee: □ Yes □ No
Regular 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:

Advertiseing 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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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)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest Income</td>
<td>$ 22.00</td>
</tr>
<tr>
<td>AVS Membership Rebate</td>
<td>$ 340.00</td>
</tr>
<tr>
<td>AVS Start-Up Funds</td>
<td>$ 500.00</td>
</tr>
<tr>
<td>Fund Raisers</td>
<td>$ 400.00</td>
</tr>
<tr>
<td>Meeting Income</td>
<td>$ 120.00</td>
</tr>
<tr>
<td>University Department</td>
<td>$ 500.00</td>
</tr>
<tr>
<td>AVS International Symposium Travel Support</td>
<td>$ 500.00</td>
</tr>
<tr>
<td>AVS Allocation</td>
<td>$     0.00</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>$2382.00</strong></td>
</tr>
</tbody>
</table>

EXPENSES

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel to AVS International Symposium</td>
<td>$ 500.00</td>
</tr>
<tr>
<td>General Travel Support</td>
<td>$ 90.00</td>
</tr>
<tr>
<td>Hall Rental</td>
<td>$ 100.00</td>
</tr>
<tr>
<td>A-V</td>
<td>$ 100.00</td>
</tr>
<tr>
<td>Food &amp; Beverage</td>
<td>$ 100.00</td>
</tr>
<tr>
<td>Meetings/Refreshments</td>
<td>$ 152.00</td>
</tr>
<tr>
<td>Department Barbecue</td>
<td>$ 310.00</td>
</tr>
<tr>
<td>Membership Drive</td>
<td>$ 140.00</td>
</tr>
<tr>
<td>New Student Orientation</td>
<td>$ 215.00</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$1707.00</strong></td>
</tr>
</tbody>
</table>

ENDING BALANCE $ 675.00

SUBMIT WITH THE ANNUAL REPORT BY JANUARY 15 TO:

Angela Klink
AVS National Office
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: _______________________________________________________________________

SUBMIT WITH THE ANNUAL REPORT BY JANUARY 15

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