



Send to International by June 30
COMPANY YEAR END STATISTICAL REPORT
Annual Statistical Report (Bylaws page 16)

_____ **Company** **State of Province:** _____ **Date:** _____

Company President: Please complete this report and send it to the International membership officer by June 30th. This is a compilation of the statistics of all camps in your company for the past year.

List below names, death dates, and registration numbers of deceased members from June 1 to May 31.

Name	Reg. #	Death Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of active camps in your company. _____

Any camps disbanded this year _____ Camp name _____

Total active (paid) members as of May 31 _____ **Total inactive** (unpaid) members as of May 31 _____

New members registered this year (June 1-May 31) _____

Total eligible ladies that attend but have not registered: _____

Number of **Associates-of-DUP** who attended this year _____

Number who **attended your District Convention** _____ this is _____% of our active members..

Number of company officers who attended ISDUP seminar (June) _____

Number who attended ISDUP Convention (October Davis Convention Center) _____

Total number of **DUP bound books** purchased by camps, companies & and members. (4 per camp) _____

(Museum Memories, Pioneer Pathways, Chronicles of Courage, or Enduring Legacy)

Total number of pioneer histories read at camp meetings. _____ **new ones** sent to ISDUP _____

Total number of locality histories read at camp meetings _____ **new ones** sent to ISDUP _____

Company board meetings held this year _____ Visits to camps by company sponsors: _____

Date company seminar was held _____ Date company elections were held _____

Do you have an "Out Reach" chairperson? Name _____ Phone _____

Do you have a Computer IT chairperson? Name _____ Phone _____

Do you have a PR person? Name _____ Phone _____

List names of camps, captains w/ registration # and addresses on page 2 pf this form, or attached paper.

Do you have a Museum you are responsible for: (Yes or No) _____

List names of your Museum Board on an attached paper.

Museum director/Contact person name _____ Reg.# _____ phone _____

Museum Address _____ | Months open | _____ | Days Open | _____ | Hours of operations _____

President _____ Reg.# _____ Phone: _____

Secretary _____ Reg.# _____ Phone _____

June 2016-2017

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COMPANY STATISTICAL REPORT (cont.)

Camp: _____ Captain: _____ Reg. # : _____

Mailing Address: _____ City: _____ State: _____ Zip : _____ - _____

Phone # _____ email _____

Camp: _____ Captain: _____ Reg. # : _____

Mailing Address: _____ City: _____ State: _____ Zip : _____ - _____

Phone # _____ email _____

Camp: _____ Captain: _____ Reg. # : _____

Mailing Address: _____ City: _____ State: _____ Zip : _____ - _____

Phone # _____ email _____

Camp: _____ Captain: _____ Reg. # : _____

Mailing Address: _____ City: _____ State: _____ Zip : _____ - _____

Phone # _____ email _____

Camp: _____ Captain: _____ Reg. # : _____

Mailing Address: _____ City: _____ State: _____ Zip : _____ - _____

Phone # _____ email _____

Camp: _____ Captain: _____ Reg. # : _____

Mailing Address: _____ City: _____ State: _____ Zip : _____ - _____

Phone # _____ email _____

Camp: _____ Captain: _____ Reg. # : _____

Mailing Address: _____ City: _____ State: _____ Zip : _____ - _____

Phone # _____ email _____

SIGNATURES _____

Company President

Company Secretary

Add more pages as needed

June 2016-2017