



Send to Company Recording Secretary by June 1
Annual Camp Statistical Report
(Bylaws page 24)

Camp _____ **Date** _____

This report is to be completed by the Camp Secretary who served prior to June 1st and is to be sent to the Company Recording Secretary by June 10th.

Company _____ **State or Province** _____ **Date** _____ **20**__

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

| Name | Reg. # | Death date |
|-------|--------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Total Active (dues paid) enrolled members as of May 31. **Total Inactive** enrolled members as of May 31. ____

Total number **new** members registered this year. (June 1 – May 31). ____

Total number **eligible** ladies that have attended but have not registered. ____ **Associates** of DUP attending ____

Number attending company training seminar (August) ____ Number attending District Convention ____

Total number of DUP bound lesson books purchased by camp & members. _____

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

Total number of pioneer histories read at camp meetings. ____

Total number of **new** pioneer histories **read** at camp meeting ____ and submitted ____

Total number of **new** locality histories read at camp meeting ____ and submitted ____

Do you have an 'Out Reach' representative? ____ Name _____ Phone _____

Do you have a Computer/IT person? ____ Name _____ Phone _____

Do you have Publicity representative? ____ Name _____ Phone _____

Are you responsible for a DUP museum? ____ Director/Contact _____

Address _____ City _____ State _____ Zip _____ Phone _____

*List members of your Museum Board on the reverse side of this report.

| | | | |
|---|---------|---------------------------------------|---------|
| Signature of Secretary preparing report | Reg. # | Signature of Captain preparing report | Reg. # |
| Current Secretary | Reg. # | Current Captain | Reg. # |
| Address | Phone # | Address | Phone # |
| City | State | City | State |
| | Zip | | Zip |