

ALLIANCE OF CARDIOVASCULAR PROFESSIONALS

CHAPTER ANNUAL REPORT FORM

due by October 15 of the current year

Annual Report for _____ **in the year of** _____

Employer Identification _____

Please be certain to use this form for your chapter report. Make four copies; send the original and two copies to the National office. Retain one copy for your files.

Be sure that all information is complete. If additional space is required, please list information on a separate sheet and attach this to the report.

Current Officers terms from: _____ **to** _____

President _____ **Secretary** _____

Address: _____

City: _____

St/Zip: _____

Cell: _____

Email: _____

VP _____ **Treasurer** _____

Address: _____

City: _____

St/Zip: _____

Cell: _____

Email: _____

Chapter Representatives terms from _____ **to** _____

Name; _____

Address: _____

City: _____

St/Zip: _____

Cell: _____

Email: _____

MEMBERSHIP

Attach a listing of current members and address. The national office will verify national membership.

of Chapter Members _____

Seminars: (List seminars held, including date, place and attendance, etc.)

Business Meeting: (include date, place and attendance, etc.)

Board Meetings: (include date, place and attendance, etc.)

Publications: Include one copy of each issue.

Editor _____ #of issues per year _____

Address _____

City/St/Zip _____

Email _____

FINANCIAL INFORMATION

Name of Chapter Bank: _____

Bank Address: _____

Bank City/State/Zip: _____

Bank Phone: _____

Account Number: _____

Tax ID Number: _____

(Please note: all ACVP chapters are entitled to tax exemption under the ACVP tax exempt umbrella. Should you require further information to obtain the benefits available through tax exemption, please contact the national office at 804.632.0078.

Checking account balance at the beginning of the year: _____

Checking account balance at the end of the year: _____

Checking account balance at the time of report: _____

Savings account balance (at time of report): _____

Income

Gross Meeting Receipts	\$ _____
Gross Dues Receipts	\$ _____
Interest income	\$ _____
Gross Contributions	\$ _____
Advertising/Sale Income	\$ _____
Miscellaneous	\$ _____
Total Income	\$ _____

Expense

Contributions	\$ _____
Meeting General & Administrative	\$ _____
Accounting & Legal fees	\$ _____
Publications Expense	\$ _____
Taxes	\$ _____
Miscellaneous	\$ _____
Total Expense	\$ _____

Profit or Loss

Income less expenses \$ _____

I attest the information in this report is true and accurate to the best of my ability.

Submitted by (President) _____ Date _____

Treasurer/Secretary _____ Date: _____

This report must be completed and returned to the ACVP national office by October 15 of each year. Chapters who fail to submit the annual report are subject to charter revocation.

Mail or email 1 copy of this report to:

ACVP National Office
Chapter Annual Reports
P.O. Box 2007
Midlothian, VA 23113

Or fax: 804.639.9212

Email: peggymcelgunn@comcast.net