

Explanation of Chapter Forms

Attached are several forms that *all Chapters* need to use.

Planning Calendar. This is your guideline to programming for the year. It helps inform your members and the System of upcoming programs.

Chapter Survey. This survey helps you get responses that will assist you in improving the quality of your Chapter activities.

Pre-meeting Checklist. This form can be used as a checklist while organizing the Chapter activities to assure that each step in planning a Chapter meeting has been met and confirmed.

Chapter Meeting Information for Production of Notices. This form can be used to communicate, via mail or fax, meeting information to Regional Management Department for the production of meeting notices.

Speaker Checklist. The checklist can be used as an aid to help in scheduling speakers.

Chapter Meeting Notices. A must to let your officers and credit unions know of Chapter activities. These can be generated by your Chapter or the Regional Management Department, if notified at least one month prior to the meeting date. The Chapter Meeting Information form can be used for this purpose.

Speaker Referral. When you hear of a speaker you feel would be of interest to other Chapter audiences, please fill out this form and mail it to the Regional Management Department.

Officials List. This list is used to report officials of the Chapters, titles and address used for mailings, such as Chapter notices, *Indepth*, etc.

990 Tax Form. This form will be sent to your Chapter treasurer and chairman in early January. It must be completed and returned to the ICU System office no later than March 15.

Chapter Meeting Notices

The Regional Management Department at the ICU System will be happy to assist you in delivering Chapter notices to your officials and member credit unions. Managers' meeting notices can also be sent by the Regional Management Department. Information for these notices can be called into the ICU System office preferably no later than one month prior to meeting.

If you have any questions, please call the Regional Management department at (800) 942-7124, ext. 3422.

Chapter Program Planning Calendar

CHAPTER _____

JANUARY year _____	FEBRUARY year _____	MARCH year _____	APRIL year _____
MAY year _____	JUNE year _____	JULY year _____	AUGUST year _____
SEPTEMBER year _____	OCTOBER year _____	NOVEMBER year _____	DECEMBER year _____

Chapter Survey Form

Person responding _____

1. Please pick the three days most convenient to you for a Chapter meeting with 1 being the most convenient, 2 the second most convenient, etc. (please pick only three).

Monday Tuesday Wednesday Thursday Friday Saturday

- b. Week of the month most convenient for a meeting?

1st week 2nd week 3rd week 4th week

- c. What time would you prefer the meetings to start (pick one).

5:00 5:30 6:00 6:30 7:00 Other: _____

2. What location is most convenient for Chapter meetings? _____

3. How many Chapter meetings have you attended in the last two years? _____

- a. If you have attended less than five Chapter meetings, during this period, why? _____

4. Listed below are the types of programs the Chapter offers. Which four of these are the most appealing to you? (Please circle only four.)

Legislative Initiatives

Financial Policies

Educational Opportunities

Information (e.g. marketing)

Regulatory Changes

Social (race track, etc.)

ICU System Official Presentation

Employee Appreciation

Management Challenges

New Technology

Panel Discussion

Open Discussion

Training Needs

Competitive Pressure

Other (please specify) _____

5. What topics would you like to hear at managers meetings? _____

- b. If you have not attended managers meetings, why not? _____

6. Would you be willing to run for a Chapter leadership position?

Yes No Maybe in the future

- a. Position that would interest you? _____

Please list any comments or concerns you may have. Thank you!

Pre-Meeting Checklist

The value of using a pre-meeting checklist cannot be overestimated. The following list would assist the Chapter officers in conducting a smooth running meeting each month:

1. Has date been selected? _____ Time? _____
2. Has site been selected? _____
3. Has ICU System been notified for mailing? _____
Who will contact ICU System with information? _____
4. Has agenda been prepared? _____
5. Have all participants been notified?
 - a. Press (if appropriate)
 - b. Person for invocation
 - c. Helpers for registration
 - d. Special guest(s)
6. Speaker(s)
 - a. Letter verifying date, time, place, topic, fee, etc.
 - b. Phone call (two or three days before function)
 - c. Equipment or props needed by speaker: _____
 - d. Speakers fee: Amount: _____ Expenses: _____
Pay after presentation? _____ Bill Chapter? _____
7. Who will meet speaker? _____
8. Who will introduce speaker? _____
9. Have facilities been arranged?
 - a. Time
 - b. Room/location of meeting
 - c. Audio visual equipment
 - d. Light switches/electrical outlets located
 - e. Thermostat located
 - f. Room set-up: Rounds _____ Banquet _____ Classroom _____ Theater _____ Other _____
 - g. Does facility require signed contract? (Read before signing.)
Is there a cancellation clause? _____
Is there a room charge clause? _____
 - h. What is the maximum seating capacity for this function? _____
With maximum seating, will there be room for head table, A-V equipment, etc.? _____
 - i. Is there a nonsmokers' section? _____
10. Has menu been selected? _____
Price agreed upon (including tip)? _____
What is the required guarantee deadline date? _____
How many over and above the guarantee will facility set for? _____
How long will food service take? _____
Is facility prepared for special diet dinners? (i.e., diabetic, vegetarian. etc.) _____
11. Is bartender service available? _____
12. Door prize(s)
 - a. Who will coordinate ticket disbursement/drawing? _____
13. Is parking a problem? _____
14. Miscellaneous: _____

Chapter Meeting Information for Production of Notices

_____ Chapter

Chapter Meeting Date:	Managers Meeting Date:
Time: Cocktails/cash bar: Dinner: Meeting:	Time:
Location:	Location:
Location address:	Location address:
Cost:	Cost:
Program title:	Program title:
Speakers: Speakers' title: Where should notice be sent:	Speakers: Speakers' title: Where should notice be sent:
Any special notes or requests:	Any special notes or requests:
Reservation deadline: Reservations go to: Address: Phone:	Reservation deadline: Reservations go to: Address: Phone:

Speaker Checklist

Speaker: _____

Address: _____ Phone: _____

Contact on: _____

Speaking contact for: _____

Date: _____ Time: _____

Location: _____

Topic: _____

Length of time: _____ # of Attendees: _____

Audience: _____

Desired format, i.e., lecture, roundtable, panel: _____

**Why is topic important to audience? _____

Main points/objectives to be covered: _____

Operational Information:

A/V equipment/who will provide: _____

Arrival time of speaker: _____

Name of person meeting speaker: _____

Will lunch, dinner be provided: _____ At what time: _____

Does the speaker have handouts: _____ If so, how many: _____

Who will do photocopying: _____

Speaker fee: _____

Method of payment (i.e., at completion, within 30 days): _____

Date: _____

MANAGERS
meeting notice



Chapter Meeting

NOTICE



Chapter Speaker Referral

Topic _____

Speaker name _____

Date of presentation _____

Number of people who attended this meeting _____

Format of presentation (formal speech, round table discussion, questions and answers, etc.) _____

Cost _____

Brief description of meeting _____

Overall rating (excellent, good, average) _____

Where to contact speaker (company, address, phone, fax) _____

Additional comments _____

Referred by:

Name _____

Credit union _____

Phone number _____

RETURN TO ILLINOIS CREDIT UNION SYSTEM, REGIONAL MANAGEMENT DEPARTMENT

ILLINOIS CREDIT UNION SYSTEM
_____ (year) CHAPTER OFFICIALS

CHAPTER NAME: _____ DATE: _____

COMPLETED BY: _____ PHONE: _____

IMPORTANT: Please use only this form for submitting Chapter Officials' names. Completed forms become a permanent part of the ICU System's Disaster Recovery records. Please complete and return all pages even if you have no changes. Thank you.

Please complete each Chapter official's block in full. This information will be placed in the system database and will be used in providing information for the ICU System's *Year in Review* and *Directory*, as well as, for Chapter communications. **It is imperative that names be spelled correctly and that the information be complete and accurate.**

If you have a position that has not been filled by election or appointment, please indicate that the position is vacant, by writing "**VACANT**" next to the position name.

We do need zip codes, area codes, and credit union positions: such as board chairman, secretary, CEO, operations supervisor, vice president, etc.

Include home phone numbers ONLY if each Chapter official gives permission for it to be included in the System Database.

If there are changes during the year, please notify the Regional Management Department with complete information at (800) 942-7124, ext 3455.

ICUL DIRECTOR Name: _____

Credit Union Affiliation: _____ CU Position: _____

Phone: Office () _____ Ext _____ Home () _____

email _____ Fax () _____

Chapter mailings will be sent to your credit union address unless otherwise indicated below:

_____ City _____ ZIP _____

CHAIRMAN Name: _____

Credit Union Affiliation: _____ CU Position: _____

Phone: Office () _____ Ext _____ Home () _____

email _____ Fax () _____

Chapter mailings will be sent to your credit union address unless otherwise indicated below:

_____ City _____ ZIP _____

FIRST VICE CHAIRMAN Name: _____

Credit Union Affiliation: _____

CU Position: _____

Phone: Office () _____ Ext _____ Home () _____

email _____ Fax () _____

Chapter mailings will be sent to your credit union address unless otherwise indicated below:

City _____ ZIP _____

SECOND VICE CHAIRMAN Name: _____

Credit Union Affiliation: _____

CU Position: _____

Phone: Office () _____ Ext _____ Home () _____

email _____ Fax () _____

Chapter mailings will be sent to your credit union address unless otherwise indicated below:

City _____ ZIP _____

THIRD VICE CHAIRMAN Name: _____

Credit Union Affiliation: _____

CU Position: _____

Phone: Office () _____ Ext _____ Home () _____

email _____ Fax () _____

Chapter mailings will be sent to your credit union address unless otherwise indicated below:

City _____ ZIP _____

FOURTH VICE CHAIRMAN Name: _____

Credit Union Affiliation: _____

CU Position: _____

Phone: Office () _____ Ext _____ Home () _____

email _____ Fax () _____

Chapter mailings will be sent to your credit union address unless otherwise indicated below:

City _____ ZIP _____

SECRETARY Name: _____

Credit Union Affiliation: _____

CU Position: _____

Phone: Office () _____ Ext _____ Home () _____

email _____ Fax () _____

Chapter mailings will be sent to your credit union address unless otherwise indicated below:

_____ City _____ ZIP _____

TREASURER Name: _____

Credit Union Affiliation: _____

CU Position: _____

Phone: Office () _____ Ext _____ Home () _____

email _____ Fax () _____

Chapter mailings will be sent to your credit union address unless otherwise indicated below:

_____ City _____ ZIP _____

IYIC BOARD REP Name: _____

Credit Union Affiliation: _____

CU Position: _____

Phone: Office () _____ Ext _____ Home () _____

email _____ Fax () _____

Chapter mailings will be sent to your credit union address unless otherwise indicated below:

_____ City _____ ZIP _____

LEGISLATIVE FORUM REP Name: _____

Credit Union Affiliation: _____

CU Position: _____

Phone: Office () _____ Ext _____ Home () _____

email _____ Fax () _____

Chapter mailings will be sent to your credit union address unless otherwise indicated below:

_____ City _____ ZIP _____

MARKETING (I-CARE) REP Name: _____

Credit Union Affiliation: _____

CU Position: _____

Phone: Office () _____ Ext _____ Home () _____

email _____ Fax () _____

Chapter mailings will be sent to your credit union address unless otherwise indicated below:

_____ City _____ ZIP _____

ILLINOIS CREDIT UNION FOUNDATION REP Name: _____

Credit Union Affiliation: _____

CU Position: _____

Phone: Office () _____ Ext _____ Home () _____

email _____ Fax () _____

Chapter mailings will be sent to your credit union address unless otherwise indicated below:

_____ City _____ ZIP _____

EDUCATION LIAISON Name: _____

Credit Union Affiliation: _____

CU Position: _____

Phone: Office () _____ Ext _____ Home () _____

email _____ Fax () _____

Chapter mailings will be sent to your credit union address unless otherwise indicated below:

_____ City _____ ZIP _____

WEBMASTER Name: _____

Credit Union Affiliation: _____

CU Position: _____

Phone: Office () _____ Ext _____ Home () _____

email _____ Fax () _____

Chapter mailings will be sent to your credit union address unless otherwise indicated below:

_____ City _____ ZIP _____

CHAPTER REPRESENTATIVE Name: _____

Credit Union Affiliation: _____

CU Position: _____

Phone: Office () _____ Ext _____ Home () _____

email _____ Fax () _____

Chapter mailings will be sent to your credit union address unless otherwise indicated below:

_____ City _____ ZIP _____

CUNA MUTUAL REP Name: _____

Credit Union Affiliation: _____

CU Position: _____

Phone: Office () _____ Ext _____ Home () _____

email _____ Fax () _____

Chapter mailings will be sent to your credit union address unless otherwise indicated below:

_____ City _____ ZIP _____

ICUL REGIONAL DIRECTOR Name: _____

Credit Union Affiliation: _____

CU Position: _____

Phone: Office () _____ Ext _____ Home () _____

email _____ Fax () _____

Chapter mailings will be sent to your credit union address unless otherwise indicated below:

_____ City _____ ZIP _____

**Annual Chapter Report
Illinois Credit Union System**

For the Year Ending December 31, year _____

Chapter name: _____

Mailing address: _____

Federal identification number: 36- _____

Name of person to contact concerning this report: _____

Telephone number: _____

Purpose of report: This report is required so the ICU System may file a consolidated group tax return for all Chapters covered under the Internal Revenue Service group exemption letter.

Due Date: The completed form must be returned to the ICU System office no later than March 15. This will enable the ICU System to compile all Chapter data in time for the filing of the group return, Form 990.

Authorization: I hereby declare under the penalties of perjury that this authorization (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct and complete and made in good faith.

Date

Chapter president

Date

Chapter treasurer (or equivalent)

Name of Chapter _____

Balance Sheet

December 31, year _____

Assets

	year _____	year _____
Cash in Bank:		
Checking account	\$ _____	\$ _____
Savings account	_____	_____
Certificates of deposit	_____	_____
Total cash	_____	_____
Other assets (list) (cash basis only):		
_____	_____	_____
_____	_____	_____
Total assets (equals total liabilities & equity)	\$ _____	\$ _____

Liabilities and equity

Liabilities (list) (cash basis only):		
_____	\$ _____	\$ _____
_____	_____	_____
Total liabilities	_____	_____
Equity		
Total liabilities and equity (equals total assets)	\$ _____	\$ _____

Name of Chapter _____
Statement of Income and Equity (Cash Basis)

For the Year Ending December 31, year _____

	year _____	year _____
Income:		
Dues	\$ _____	\$ _____
League grant	_____	_____
Interest and dividends	_____	_____
Advertising rebate	_____	_____
Dinners and meetings	_____	_____
CUPAC	_____	_____
Raffles	_____	_____
Donations	_____	_____
Scholarship	_____	_____
Golf outing	_____	_____
Fundraiser	_____	_____
Other income (list):		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Income	\$ _____	\$ _____
Expense:		
Advertising	\$ _____	\$ _____
Christmas party	_____	_____
Conferences & seminars	_____	_____
CUPAC	_____	_____
Dinners and meetings	_____	_____
Donations	_____	_____
Flowers/gifts	_____	_____

Expenses continued:

Golf outings	_____	_____
I-CARE	_____	_____
Illinois Credit Union Foundation	_____	_____
Officers salaries	_____	_____
Picnic	_____	_____
Political contributions	_____	_____
Postage	_____	_____
Printing & office supplies	_____	_____
Prizes	_____	_____
Promotions	_____	_____
Publications	_____	_____
Scholarship	_____	_____
Speakers	_____	_____
Travel and reimbursed expenses	_____	_____
Youth Involvement	_____	_____

Other expenses (list):

	year _____	year _____
_____	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total expenses	=====	=====
Net income (loss)	_____	_____
Equity, at beginning of the year	_____	_____
Equity, at the end of the year (equals balance sheet equity)	=====	=====

Name of Chapter _____

For the Year Ending December 31, year _____

Please answer each question:

Yes No

1. Did you have over \$1,000 gross income from unrelated business activities?
(These include advertising, mailing lists sales, insurance commissions, etc.)
If not sure, call the ICU System office.

2. Did you make political contributions?

If yes, give amounts:

_____ \$ _____

_____ \$ _____

Total (equals political contributions on income statement) \$ _____

3. Did you spend any amount to influence public opinion about legislative matters?

4. Were any accounting records maintained on a computerized system?

5. The books and records are in the care of:

Name _____

Address _____

Telephone No. _____

6. List your officers:

Name

Title

_____	_____
_____	_____
_____	_____
_____	_____