

# Sample Annual Report

Due at LOMA January 31st

SOCIETY INFORMATIONS	
LOMA Society of:	Society Name Goes here
Year:	YYYY

Please summarize briefly the following information:

MEETINGS	
Date	Topic/Speaker
MM/DD	
MM/DD	
MM/DD	
MM/DD	
MM/DD	
MM/DD	
MM/DD	

SEMINARS	
Date	Topic/Speaker
MM/DD	
MM/DD	
MM/DD	
MM/DD	
MM/DD	
MM/DD	

COMMUNITY SERVICE PROJECTS (Describe project, results and benefactors)	
Date	Description
MM/DD	
MM/DD	
MM/DD	
MM/DD	
MM/DD	

OTHER ACTIVITIES (Describe event)	
Date	Description
MM/DD	
MM/DD	
MM/DD	
MM/DD	
MM/DD	

<b>CLASSES</b>		
Course Number/Title	Description	# of Students
<b>NEWSLETTERS</b>		
Date Issued	Description	Sent to Members
MM/DD		Yes/No
MM/DD		Yes/No
MM/DD		Yes/No
MM/DD		Yes/No
<b>MEETING MINUTES</b>		
Date Issued	Description	Sent to Members
MM/DD		Yes/No
MM/DD		Yes/No
MM/DD		Yes/No
MM/DD		Yes/No
MM/DD		Yes/No
MM/DD		Yes/No
MM/DD		Yes/No
<b>OFFICER/COMMITTEE REPORTS</b>		
Officer/Committee Name	Description	Report Submitted
President		Yes/No
Vice President		Yes/No
Treasurer		Yes/No
Nominating Committee		Yes/No
Membership Committee		Yes/No
Program Committee		Yes/No
Audit Committee		Yes/No
Scholarship Committee		Yes/No
Education Committee		Yes/No
<b>MEMBERSHIP</b>		
What	Counts	
Beginning of year membership count (January 1, YYYY)		
Attrition through the calendar year (YYYY)		
Membership growth in the calendar year (YYYY)		
Ending membership count (December 31, YYYY)		

FINANCIALS		
What	Balance	
Beginning of year funds (January 1, YYYY)		
Less expenditures through the calendar year (YYYY)		
Plus revenue in the calendar year (YYYY)		
Ending funds (December 31, YYYY)		
DUES		
Did your Society charge dues?	Yes/No	
How much were the dues?	\$0.00	
Estimate what percent of companies paid dues for your members	0.00%	
Ending funds (December 31, YYYY)		
SURVEYS		
Indicate when your Society surveyed membership	Date	
Beginning of the year		MM/DD/YYYY
After each meeting/event		
AT the end of the year		
Other		
BANK INFORMATION		
What		
Bank Name		
For what time period?	MM/DD/YYYY – MM/DD/YYYY	
Who has access?	Information	
	Name 1	
	Name 1 Address, City, State, Zip	
	Name 1 Cell/Home Number	
	Name 1 Email Address	
	Name 2	
	Name 2 Address, City, State, Zip	
	Name 2 Cell/Home Number	
	Name 2 Email Address	
	Name 3	
	Name 3 Address, City, State, Zip	
	Name 3 Cell/Home Number	
	Name 3 Email Address	

## ASSISTANCE FROM LOMA

Please indicate areas in which your Society might have benefitted from more assistance from LOMA

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## SPEAKERS

Please include the following on the speakers your Society had for the past year

Name	
Society Seminar/Meeting	
Organization Represented	
Address	
Telephone Number	
Email	
Topic Covered	
Did this speaker charge a fee?	

Name		
Society Seminar/Meeting		
Organization Represented		
Address		
Telephone Number		
Email		
Topic Covered		
Did this speaker charge a fee?		

Name		
Society Seminar/Meeting		
Organization Represented		
Address		
Telephone Number		
Email		
Topic Covered		
Did this speaker charge a fee?		

**Please return this report by January 31st to:**

By Mail:	LOMA Society Support team/ LOMA 6190 Powers Ferry Road, Suite 600 Atlanta, GA 30339-2967	
By Fax:	(770) 984-6415	
By Email:	lomasociety@loma.org	