



COMPANY STATISTICAL REPORT

_____ Company State or Province _____ Date _____

COMPANY PRESIDENTS: Please complete this report and send it to the international membership officer by June 30 . 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	Name	Reg. #	Death date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Number of Active camps in your company. _____

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 that attended but have not registered. _____

Number of Associates-of-DUP who attended during the year. _____

Number who attended your District Convention _____ this is _____ % of our company.

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

Number who attended ISDUP Convention (October SLC) _____

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

Total company board meetings held this year. _____ # of visits to camps by company sponsors. _____

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

Do you have an "Out Reach" chairperson? (Yes or No) _____ Name _____

Do you have an Computer IT chairperson? (Yes or No) _____ Name _____

List names of camps and captains with register number and addresses on reverse side or attach paper.

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

Museum director or contact person name _____ address _____ phone# _____

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

Pres. _____ Phone: _____

Sec. _____ Phone: _____

COMPANY STATISTICAL REPORT (cont.)



Camp: _____ Captain: _____ Reg. # : _____

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

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