Organization Information

Organization Name: ________________________________________________________________

Approximate number of members: _____________________________________________

Approximate number of presently active members: _____________________________

Total membership: ____________________________________________________________

Briefly describe the purpose of your organization:

Briefly describe the membership criteria for your organization:
Expense Worksheet

- Give listing of current fiscal year

### Fall Expenses from 7/1/23 to 12/31/23

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**TOTAL**  ________________

### Estimated Spring Expenses from 01/01/24 to 03/15/24

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**TOTAL**  ________________
Programming Statement #
(please make additional copies as needed)

Please check one box below

☐ General Meeting  ☐ New Program  ☐ Continuing Program

Title: ______________________________________

Date of Event: ______________________________________

Description of Program/Event:

Program Attendance:
• Who benefited from this program?

• Number of students who participated: _________
• Number of Alumni who participated: _________
• Other persons who participated: _________
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- [ ] New Program
- [ ] Continuing Program

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