**MRS University Chapters**―ANNUAL FINANCIAL & ACTIVITY REPORT ― Deadline: April 1 **Calendar Year \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_**

*This report is required per MRS Board Policy to retain Active Chapter Status. Send to* [*chapters@mrs.org*](mailto:chapters@mrs.org)*.*

|  |  |
| --- | --- |
| **Chapter Name:** | **Date of Report:** |
| **Submitted by:** | **Academic year start: (month, day, year)  Academic year end: (month, day, year)** |
| **Email:** | **Phone:** |

**1. Membership Dues**

Did your University Chapter charge membership dues for the past calendar year?

❑ Yes ❑ No

If yes, how much did you charge? Student Dues\_\_\_\_\_\_\_\_\_\_\_ Regular Dues\_\_\_\_\_\_\_\_\_\_\_

Total dues income for the year $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Financial Support from MRS**

Please check the forms of financial support you received from MRS during the past

calendar year, and give the amounts.

❑ Chapter Rebate Amount of Support \_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Special Project Grant Amount of Support \_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Distinguished Speaker Support Amount of Support \_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Other Amount of Support \_\_\_\_\_\_\_\_\_\_\_\_\_

**3. External Support for Chapter**

Did your University Chapter receive financial support from sources other than MRS

during the past calendar year? ❑ Yes ❑ No

If yes, please list these sources and amounts:

Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_

Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_

**4. Membership Drive**

Did your University Chapter conduct a membership drive during the past calendar year?

❑ Yes ❑ No

If yes, how many new members did you acquire?\_\_\_\_\_ How many MRS members?\_\_\_\_\_

**5. Expenses and Income**

Please attach a summary of your University Chapter income and expenses for the past year.

An example follows on next page.

6. **List of current officers of the chapter:   
 (this list will receive future email’s concerning chapter events, deadline notifications of required documents, etc.)**

|  |  |  |
| --- | --- | --- |
| **Officer** | **Full Name** | **Email** |
| **President** |  |  |
| **Vice President** |  |  |
| **Secretary** |  |  |
| **Treasurer** |  |  |
| **Faculty Advisor** |  |  |
| **Faculty Advisor** |  |  |

**7. Date of next officer elections \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sample Income and Expense Statement**

**INCOME** *(Do not include travel reimbursements from MRS)*

MRS Chapter Rebate $340.00

Special Projects Grant 300.00

Distinguished Speaker Support/MRS 150.00

Chapter Dues ($5/year) 75.00

Seminar Fees 600.00

MSME Department 450.00

**Total Income $1915.00**

**EXPENSES**

Travel to MRS Spring Meeting $250.00

*(in addition to MRS HQ reimbursements)*

Seminar Expenses

Hall Rental 100.00

A-V 100.00

Speaker Support 300.00

Food & Beverage 100.00

Course Evaluation Guide 165.00

Meetings/Refreshments 152.00

Department Barbecue 310.00

Teaching Award 35.00

New Student Orientation 215.00

**Total Expenses $1727.00**

****  **BALANCE**  **$188.00MRS University Chapters**―ANNUAL FINANCIAL & ACTIVITY REPORT―Deadline: April 1

1. **Name of University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Form Submitted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Number of MRS Chapter Members (including student members & regular members) as of April 1 is:   
     
   Chapter Member Count: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  
   *Note: Individuals need not be members of the Materials Research Society to be a Chapter member.*

**4. Please attach a copy of your roster of current Chapter members.**

1. **List of eight (8) current MRS Student Members and two (2) MRS Regular Members:   
   Each chapter is required to have 8 students and 2 regular members, that are current MRS Members, in order to be eligible to receive benefits such as travel reimbursements and special project grants.**

|  |  |
| --- | --- |
| **Names of MRS Student Members** | **Email** |
| **1)** |  |
| **2)** |  |
| **3)** |  |
| **4)** |  |
| **5)** |  |
| **6)** |  |
| **7)** |  |
| **8)** |  |
| **Names of MRS Regular Members** | **Email** |
| **1)** |  |
| **2)** |  |

**4. In which other societies are your Chapter members active?** *Please check all that apply.*

|  |  |
| --- | --- |
|  | ASM International (ASM) |
|  | American Ceramic Society (ACerS) |
|  | American Chemical Society (ACS) |
|  | American Physical Society (APS) |
|  | American Institute of Chemical Engineering (AIChE) |
|  | American Vacuum Society (AVS) |
|  | Electrochemical Society (ECS) |
|  | International Society for Optical Engineering (SPIE) |
|  | Institute of Electrical & Electronics Engineers (IEEE) |
|  | Optical Society of America (OSA) |
|  | Minerals, Metals & Materials Society (TMS) |
|  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**5. Is your Chapter part of an umbrella materials organization that combines Chapters from more than one professional society?**

Yes  No  considering it

**6. Which of the following programs and services has your Chapter utilized in the past year?**

Distinguished Lecturer Support

Special Projects Grants

Meeting Travel Reimbursements

Chapter Rebate Program

Turnbull Lecturer Program

Link to MRS Web Site

Use of MRS Products for Chapter Promotions (e.g., raffles, poster awards, etc.)

**7. Chapter activities during the past academic year.**

*Please check all that apply.*

Plant Trips  Educational/Grassroots Outreach

Career Workshop  Social Events

Fundraising Events  Symposium

Short Course  Poster Competition

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. List any specific areas where your chapter could use help from MRS.   
   
  
Both the Financial and Activity Report Forms must be submitted via email by the deadline of April 1, to:  
  
 Lorri A. Smiley,** E-mail: [chapters@mrs.org](mailto:chapters@mrs.org)

**Professional Services and Awards Coordinator**

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**MRS University Chapter Current Chapter Members Roster**(submit this form with the Annual Activity Report and an Application for Rebate Request)  
**Chapter Name:**  **Date:**

| **MRS Student ID** *(For MRS Use)* | **First Name** | **Last Name** | **Email (required)** | *MRS Use* |
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*****Please photocopy this page if additional space is required.*  
Note: To be eligible for the rebate, the student must be a current MRS Student Member as of May 15.**If a student’s membership expired on the prior year December 31**, your chapter is not entitled to a rebate for this individual.