



CHRISTIAN LEGAL SOCIETY
**ATTORNEY
MINISTRIES**

Chapter Annual Report Form

Thank you for serving Christian Legal Society as a chapter leader! Please fill this form and send us your annual report **no later than August 1st**.

Upon completion of this form, email the completed document to attymin@clsnet.org with the title, “Chapter Annual Report Form [Name of Your Chapter]” in the subject line of the email.

Along with the completed form, please add the following attachments to your email:

1. Documentation of financials for your chapter. This includes a statement of revenues and expenses, a balance sheet, and a financial report. We encourage you to use **this form** as a template.
2. A current member roster or participant list for your chapter. This can be an excel spreadsheet or a Word document.
3. If you have group exemption, please also attach in your email proof of your 990 form submission.
4. Please also submit other attachments listed below to share your chapter’s highlights and special events with us.

Before submitting, we kindly ask that you ensure each required section has been completed. If you have any questions, please email us at attymin@clsnet.org.

Please check the boxes indicating which attachments you will be sending in your submission email along with this form. (* = required):

Images from chapter meetings and/or gatherings	News articles or press releases about the chapter	Current member roster or participant list*	Financial statements: Statement of Revenues and Expenses, Balance Sheet and Financial Report*	Proof of 990 form submission (e-postcard) *Required for chapters with group exemption*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Please fill out the form and email the completed form to attymin@clsnet.org. Title the subject, "Chapter Annual Report [Chapter Name]"

* = required

Name of Chapter*					
Your information (general)	Name*			Company (if applicable)	
	Email*			Phone*	
Your information (locational)	Address*				
	City/Town*			State/Province*	
	Zip/Postal Code*			Country*	

Chapter Board of Directors		
Current Number of Board Members (1-10)*		List Names and Positions of Board Members in Numbered Section Below (Name in Upper Box, Position in Lower Box – e.g. John Smith / President)*

1.		2.		3.	
4.		5.		6.	
7.		8.		9.	
10.					

Chapter Details			
How often does your chapter meet?*		What is the average attendance at your chapter meetings?*	
What is the day and time of your regular chapter meetings?*			
What is your chapter meeting location (Please be specific)?*			
Chapter Gatherings: Please provide a brief summary of any special activities sponsored by your chapter. For example: luncheons, breakfast/dinner meetings, CLE programs, guest speaker events, retreats, mentoring/discipleship/outreach programs (Please include samples of advertising for these events in your attachments).*			

Feedback	
How Can We Better Serve You as a Chapter Leader?*	
How Can We Better Serve Your Chapter?*	
Additional Comments, Questions, and/or Concerns?*	
Any Difficulty with This Form?*	

Please review the form and ensure all required sections are completed before submitting. Remember to attach the required documents to the submission email. Email us at attymin@clsnet.org if you have any questions.



**Email Completed
Form to
Attymin@clsnet.org**