

# Forms Used by AFE Chapters

- ✓ Chapter Officer Report Form
- ✓ Financial Data Form
- ✓ Chapter Dues Direct Deposit Information
- ✓ Application and Instructions for Chapter EIN Number
- ✓ Request for Chapter Name Change
- ✓ Sample Phone Script; New & Prospective Members
- ✓ Organizational Chapter Survey Form
- ✓ Chapter Program Survey Form
- ✓ Sample Meeting Agenda for Reactivating Chapters
- ✓ Why Belong to AFE Letter

# AFE Chapter Officer Update Form

*It is the AFE Corporate Office's goal to serve the Chapters better! To do this we need to be sure we have the latest information.*

Ensure that your chapter's officers are receiving the AFE VIP, please return the completed form to: AFE, 12100 Sunset Hills Road, Suite 130, Reston, VA 20190 or fax the information to 703-435-4390. If a change of address has occurred, please indicate on the back of this form or attach additional sheets. If you have any questions, please contact us at Tanya Miller 703-234-4124, TMiller@AFE.org. (Please Print)

CHAPTER NAME: \_\_\_\_\_ REGION \_\_\_\_\_ GROUP \_\_\_\_\_ CHAPTER \_\_\_\_\_

Start date of new term \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Length of term \_\_\_\_\_ year (s)

<u>OFFICER TITLE</u>	<u>NAME</u>	<u>BUSINESS PHONE</u>	<u>E-MAIL</u>
Member # _____ NEW PRESIDENT	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

Previous President \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Member # _____ NEW VICE PRESIDENT	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
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Previous Vice President \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Member # _____ NEW SECRETARY	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
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Previous Secretary \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Member # _____ NEW TREASURER	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
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Previous Treasurer \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Member # _____ NEW MEMBERSHIP CHAIR	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
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Previous Membership Chair \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Scholarship Information:** Does your Chapter award scholarships? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the Scholarship Chairperson. Attach additional forms if necessary.

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Newsletter Editor**

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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Please do not write below this line. Office use only. Entered into DEC/DMG systems: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Initials \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# FINANCIAL DATA FORM

FISCAL YEAR: JANUARY 1 - DECEMBER 31, \_\_\_\_\_

Chapter Name and Number: \_\_\_\_\_

## SECTION I - BALANCE SHEET & GENERAL INFORMATION

### 1. CHECKING ACCOUNT(s)

Name of Institution	LocationName on Account	Account #	\$ Amount
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A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

### 2. SAVINGS ACCOUNT(s)

Name of Institution	LocationName on Account	Account #	\$ Amount
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A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

### 3. INVESTMENT(s)

Name of Institution	LocationName on Account	Account #	\$ Amount
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A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

SUBTOTAL - Lines # 1, 2, and 3:

\$ \_\_\_\_\_

### 4. ACCOUNTS / NOTES RECEIVABLE:

List each and place total dollar amount in column at right.

\$ \_\_\_\_\_

5. INVENTORY and EQUIPMENT: Briefly describe any owned inventory (i.e., letterhead, other supplies, booklets, etc.) and equipment. Indicate the fair market value of each item and put the total amount in the column at the right.

Total - Lines # 1 - 5

\$ \_\_\_\_\_

6. LIABILITIES: List each and place the total dollar amount in the column at the right.

\$ \_\_\_\_\_

SECTION II - REVENUE & EXPENSE

(1) Beginning Checking Account (s) Balance, as of January 1, \_\_\_\_\_ \$ \_\_\_\_\_

REVENUE

- 1. Chapter Dues \$ \_\_\_\_\_
- 2. Regular chapter meeting (meals, etc.) \$ \_\_\_\_\_
- 3. Publications and periodicals (individual purchase) \$ \_\_\_\_\_
- 4. Newsletter advertising: \$ \_\_\_\_\_
- 5. Advertising: \$ \_\_\_\_\_
- 6. Other advertising: \$ \_\_\_\_\_
- TOTAL ADVERTISING \$ \_\_\_\_\_
- 7. Education programs (seminars, trade shows, etc.) \$ \_\_\_\_\_
- 8. Interest/investment income \$ \_\_\_\_\_
- 9. Other income (describe) \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL REVENUE

Total Revenue and Beginning Checkbook Balance \$ \_\_\_\_\_  
\$ \_\_\_\_\_

EXPENSE

- 1. Membership promotion (mailings, etc.) \$ \_\_\_\_\_
- 2. Regular chapter meetings (meals, facility, AV, etc.) \$ \_\_\_\_\_
- 3. Publications & Periodicals (including production, mailing, etc.)
  - Newsletter: \$ \_\_\_\_\_
  - Directory: \$ \_\_\_\_\_
  - Other: \$ \_\_\_\_\_
- TOTAL PUBLICATIONS & PERIODICALS \$ \_\_\_\_\_
- 4. Education Programs (program development, speakers, promo, etc.) \$ \_\_\_\_\_
- 5. Awards and recognition \$ \_\_\_\_\_
- 6. Scholarships \$ \_\_\_\_\_
- 7. Administrative (Board meeting, misc. postage, telephone, etc.) \$ \_\_\_\_\_
- 8. Other (describe) \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TOTAL EXPENSE

(2) Ending Checkbook Balance - as of December 31, \_\_\_\_\_ \$ \_\_\_\_\_

Signature: \_\_\_\_\_, Treasurer

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Chapter Dues Direct Deposit Information

If you would like to have your chapter dues check automatically deposited into your chapter checking account please fill out the following information. This will enable us to save time in the accounting department, we will save on the cost of checks, envelopes and postage for mailing the checks to you. However, the most important benefit is that you will receive your checks faster!

Please fill out the form and return it to AFE by fax 703-435-4390 or you may mail it to 12100 Sunset Hills Rd Suite 130, Reston, VA 20190. We will notify you once your account has been set up.

Please feel free to contact Jai Coleman, Chapter Relations Manager if you have any questions. Jai may be reached at 703-234-4124 or [jcoleman@afe.org](mailto:jcoleman@afe.org)

**AFE** Association for  
**FACILITIES**  
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**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Company Name: \_\_\_\_\_

Company ID Number: \_\_\_\_\_

I (we) hereby authorize Association for Facilities Engineering, hereinafter called COMPANY, to initiate debit entries to my (our)  Checking  Savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

Depository Name: \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing Number \_\_\_\_\_ Accounting Number \_\_\_\_\_

This authorization is to remain in full force until AFE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford AFE and Depository a reasonable opportunity to act on it.

Date \_\_\_\_\_

Name \_\_\_\_\_ ID Number \_\_\_\_\_

Signed \_\_\_\_\_

Name \_\_\_\_\_

Signed \_\_\_\_\_

NOTE: All written debit authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN \_\_\_\_\_  
 OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.)	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code	5b City, state, and ZIP code
6 County and state where principal business is located	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ _____	

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited liability co.	<input type="checkbox"/> Plan administrator-SSN _____
<input type="checkbox"/> REMIC	<input type="checkbox"/> National Guard	<input type="checkbox"/> Other corporation (specify) ▶ _____
<input type="checkbox"/> State/local government	<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable)	<input type="checkbox"/> Trust
<input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Farmers' cooperative
		<input type="checkbox"/> Church or church-controlled organization

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
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9 Reason for applying (Check only one box.)

<input type="checkbox"/> Started new business (specify) ▶ _____	<input type="checkbox"/> Banking purpose (specify) ▶ _____
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Changed type of organization (specify) ▶ _____
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify) ▶ _____
	<input type="checkbox"/> Other (specify) ▶ _____

10 Date business started or acquired (Mo., day, year) (See instructions.)

11 Closing month of accounting year (See instructions.)

12 First date wages or annuities were paid or will be paid (Mo., day, year). **Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)** . . . . . ▶

13 Highest number of employees expected in the next 12 months. **Note: If the applicant does not expect to have any employees during the period, enter -0-.** (See instructions.) . . . . . ▶

Nonagricultural	Agricultural	Household
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14 Principal activity (See instructions.) ▶

15 Is the principal business activity manufacturing? . . . . .  Yes  No  
 If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.  Business (wholesale)  N/A  
 Public (retail)  Other (specify) ▶

17a Has the applicant ever applied for an identification number for this or any other business? . . . . .  Yes  No  
**Note: If "Yes," please complete lines 17b and 17c.**

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
 Legal name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
 Approximate date when filed (Mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) \_\_\_\_\_  
 Fax telephone number (include area code) \_\_\_\_\_

Name and title (Please type or print clearly.) ▶ \_\_\_\_\_

Signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Note: Do not write below this line. For official use only.**

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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# EIN Instructions

(Adapted from IRS instructions at [http://www.irs.gov/prod/bus\\_info/pub1635.html](http://www.irs.gov/prod/bus_info/pub1635.html))

- Line 1 Always enter the name of the exempt organization. (Association for Facilities Engineering-Chapter 000)
- Line 2 Enter the name of the exempt organization only if different from line 1. (AFE-Your Chapter's Name)
- Line 3 N/A (Enter N/A)
- Line 4a Enter your mailing address. (Usually the Treasurer's home address)
- Line 4b Enter your city, state, and zip code. (Usually the Treasurer's home address)
- Lines 5a and 5b Enter only if different from the mailing address. (Usually no entry here)
- Line 6 Enter the county and state where the exempt organization is located. (Where the chapter holds most of their meetings)
- Line 7 N/A (Enter N/A)
- Line 8a Check the box that best describes the type of entity applying for the EIN. (Check "Other nonprofit Organization" and specify "association")
- Line 9 Check one box. (Check "Other" and specify "association chapter")
- Line 10 Enter the date it was established. (Use the date you are applying)
- Line 11 Enter the last month of your accounting year or tax year. (December for most)
- Line 12 Enter the date the organization began or will begin to pay wages to employees. If you have no employees, enter N/A. (Enter N/A)
- Line 13 Enter the highest number of employees you plan to hire. Enter 0 if none. (Enter 0 in all three boxes)
- Line 14 Enter the exact type of exempt organization you plan to operate. (Enter "educational-professional association".
- Line 15 Check "Yes" if the exempt organization is involved in manufacturing. Enter the principal product and raw material used. Check "No" if manufacturing isn't involved.
- Line 16 Check the appropriate box to indicate whom most of your products or services are sold. Check N/A if no products are sold.
- Line 17a Check "Yes" if you previously applied for an EIN. Otherwise, check "No".
- Line 17b (Leave Blank)
- Line 17c (Leave Blank)

## Name and Title block

Print your name and title (i.e, president, vice-president, etc.) (Usually the Chapter Treasurer)

## Telephone Number block

Enter the telephone number where we can reach you if we have questions about your application. (Usually the Treasurer's home phone)

## Signature block

The president, vice-president, or other principal officer must sign. (Usually the Chapter Treasurer)

## Where to Apply

Send Form SS-4 (Application for EIN) to the appropriate office listed below:

(FORM SS-4)

## Internal Revenue Service Centers

If your principal business, office or agency, or legal residence in the case of an individual, is located in:	Application by Mail: File with the Internal Revenue Service Center at:	Application by Tele-TIN: Call the Internal Revenue
Florida, Georgia	Atlanta, GA 39901	PH (770) 455-2360, FAX (770) 455-2660
New Jersey, New York City and counties of Nassau, Rockland, Suffolk, and Westchester	Holtsville, NY 00501	PH (631) 447-4955, FAX (631) 447-4991
Connecticut, Maine, Massachusetts, New Hampshire, New York (all other counties), Rhode Island, Vermont	Andover, MA 05501	PH (978) 474-9717, FAX (978) 474-9774
Illinois, Iowa, Minnesota, Missouri, Wisconsin	Kansas City, MO 64999	PH (816) 926-5999, FAX (816) 926-7988
Delaware, District of Columbia, Maryland, Pennsylvania, Virginia	Philadelphia, PA 19255	PH (215) 516-6999, FAX (215) 516-3990
Indiana, Michigan, Ohio, West Virginia	Cincinnati, OH 45999	PH (606) 292-5467, FAX (606) 292-5760
Kansas, New Mexico, Oklahoma, Texas, Arkansas	Austin, TX 73301	PH (512) 460-7843, FAX (512) 460-8000
Alaska, Arizona, California, (counties of Alpine, Amador, Butte, Calaveras, Colusa, Contra, Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yola and Yuba, Colorado, Idaho, Montana, Oregon, Nebraska, Nevada, North Dakota, South Dakota, Utah, Washington, Wyoming	Ogden, UT 84201	FAX (801) 620-7115
California (all other counties), Hawaii	Fresno, CA 93888	PH (209) 452-4010, FAX (209) 456-5250
Alabama, South Carolina, Louisiana, Mississippi, North Carolina, Tennessee, Kentucky	Memphis, TN 37501	FAX (901) 546-3910

*Note:* Cincinnati Service Center, Tele-TIN service limited to: Monday, Wednesday, and Friday, from 8:30am-4:15p

**AFE** Association for  
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**Request for Chapter Name Change**

This form notifies AFE Headquarters that we would like to change the name of our chapter. The reason for the name change is:

\_\_\_\_\_

Today's date \_\_\_\_\_

Current Name & Number of Chapter \_\_\_\_\_

New Name of Chapter \_\_\_\_\_

Chapter President's name (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Date name change to be effective: \_\_\_\_\_

Please return to:

AFE, Chapter Relations

12100 Sunset Hills Rd Ste 130

Reston, VA 20190

Or fax to 703-435-4390