

SDPHS FORMS and DISTRIBUTION

Color code: **O = Original** C = Copy

A = National President

B = National Vice-President

C = National Secretary

D = National Treasurer

E = National Registrar

F = District Director

G = State Chair

H = Chapter Historian File

I = *Offspring* Editor

J = Resolution Committee

K = National Historian

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4	Petition List for Chapter	C	C	O	C		C	C	C			
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Forms may be reproduced by user.

***Sons and Daughters of Pearl Harbor
Survivors
Resolution of Condolence***

In Memory of Pearl Harbor Survivor _____
Name of PHS

Military Service and Station

Whereas, it has pleased Almighty God in His infinite wisdom, to call from our midst our beloved friend Pearl Harbor Survivor _____, who departed from this life on _____; and

Whereas, we humbly bow to the will of Divine Providence, while ever cherishing in our hearts the memory of his distinguished service to our country and his contributions to Keep America Alert as a member of the Pearl Harbor Survivors Association, and

Whereas, by his death, our community and country has sustained the loss of a worthy veteran of the United States of America Armed Forces; now therefore be it

Resolved, that the members of Sons and Daughters, Pearl Harbor Survivors, Inc. do hereby extend their unequivocal gratitude to the family of _____, for his service to our country during WWII, and afterwards his efforts to Keep America Alert; and

Further resolved, that this testimonial of condolence, be presented to the family of our departed friend as an expression of our heartfelt sympathy on this _____ day of _____.



Name of person presenting Resolution

RESOLUTION FOR SDPHS, Inc. NCBL

Resolution No. _____ Subject: _____

Referred to Committee on: _____

Purpose: _____

Date referred to SDPHS Handbook Administrator: _____

Action wanted: Add / Delete / Change (Circle One)

Resolution:

Submitted by: _____ Date: _____

Date received by Resolution Chair: _____

Date received by National Office: _____

PETITION LETTER - PROPOSED SDPHS CHAPTER

Date: _____

To: SDPHS National Secretary

FROM: _____

The following named members of the Sons and Daughters of Pearl Harbor Survivors, Inc. (SDPHS) all in good standing and residing in the _____ area of the state of _____, are hereby petitioning through the office of SDPHS National Secretary for a charter of a SDPHS Chapter in the state of _____.

This petition is in compliance with the required seven active members of SDPHS. The chapter officers have been elected to fulfill the offices of President, Vice President, Secretary, Treasurer, and Trustees.

A charter fee of twenty-five dollars (\$25.00) has been enclosed with a list of chapter officers and members.

Sincerely,

Chapter President

For National Use Only

Copies to:

SDPHS National President
SDPHS National Vice President
SDPHS National Treasurer
SDPHS District Director
SDPHS State Chair

National Charter No. _____
Request Date: _____
Charter Date: _____
Check or Money Order: _____

PETITION LIST FOR CHAPTER CHARTER

We, the undersigned, petition the Sons and Daughters of Pearl Harbor, Inc. (SDPHS) for a charter in order to form an SDPHS Chapter in the state of _____.

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State Zip</u>	<u>Telephone</u>

Comments

SDPHS CHARTER CONTRACT

Date: _____

Know all by these presents, that I, _____, Treasurer of the Local Chapter, State Council or other subordinate body, located at _____, being authorized to act for such Local Chapter, State Council or other subordinate body, in consideration of the National Secretary's issuing a charter, said local Chapter, State Council or other subordinate body, hereby agree that said charter shall remain in the property of the Sons and Daughters of Pearl Harbor, Inc. (SDPHS, Inc.), and in consideration of the premise herein stated, when the charter is framed, the frame shall immediately become the property of SDPHS, Inc.; that said Local Chapter, State Council or other subordinate body, shall have custody of said charter until it is demanded by some person authorized to make such demand, in accordance with the National Constitution and By-laws, and the charter and frame shall then be delivered to the person so authorized to demand and procure the same; and that any person so authorized may enter any premise occupied by the said Local Chapter, State Council or other subordinate body, or any of its members and take possession and remove the said charter.

I do further recognized and acknowledge in behalf of Local Chapter _____, State Council or other subordinate body, that the name and rights and privileges hereunder are granted this Local Chapter, State Council or other subordinate body, by SDPHS, Inc., and that all books documents, contracts, Name, monies, funds and property of any nature and description shall belong to and be disposed of as directed by the National Executive Board, as provided for in Article IX 2.b.11 of the National Constitution and By-laws.

I do further agree in behalf of Local Chapter _____, State Council, or other subordinate body, that it will abide by the provisions of the National Constitution and By-laws thereto, all of which are incorporated herein by reference, particularly those regarding incorporation under the laws of the state or territory, in which the chapter is located.

Chapter Treasurer

RECOMMENDATION for SDPHS CHARTER APPROVAL

Date: _____

TO: _____
SDPHS National Secretary

Street Address

City, State Zip Code

Dear: _____

The enclosed Request for Charter and associated documents for _____ within the state of _____ are forwarded as required by National Constitution and By-laws.

Approval is recommended.

Please forward Charter and related documents to:

Name and Title

Address

City, State Zip Code

Sincerely,

State Chair or District Director

Enclosures:

- SDPHS Form 3 - Petition Letter for Proposed Chapter Charter
- SDPHS Form 4 - Petition List for Chapter Charter
- SDPHS Form 5 - Charter Contract

SDPHS MEMBER PROFILE

(Please print or Type)

Date: _____

Name: _____ Telephone: (____) _____

Home Address: _____ City: _____ State: ____ Zip: _____

E-Mail address: _____ Cell Phone: _____

Birth Date: _____ Birth Place: _____

Spouse's Name: _____

Children's Name(s): _____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

Profession or Occupation: _____

Other Affiliations (Lodges, Clubs, Societies and Offices):

Special Awards and Achievements:

Signature

AMENDMENT TO ANNUAL REPORT of CHAPTER OFFICERS

Date: _____

STATE of: _____ CHAPTER No.: _____

COMMENTS

Chapter Office: _____

Name: _____

Address: _____

City, State Zip Code: _____

Telephone No.: _____

E-mail Address : _____

Chapter Office: _____

Name: _____

Address: _____

City, State Zip Code: _____

Telephone No.: _____

E-mail Address: _____

Chapter Office: _____

Name: _____

Address: _____

City, State Zip Code: _____

Telephone No.: _____

E-mail Address : _____

Chapter Secretary

Distribution: **Original to National Secretary, copies to National President, National Treasurer, District Director, State Chair, National Historian and Chapter Historian**

FINANCIAL REPORT for SDPHS OFFICERS and CHAPTERS

This Report is for the Year Ending:
December 31, 20__

From:

Name _____ Title: _____ National Officer
_____ District Director
_____ State Chair

Address: _____ Chapter (office) _____

City: _____ State: _____ Zip: _____

Balance: Beginning January 1, 20__

Or amount received from _____ \$ _____

From National Treasurer:

\$ _____
\$ _____
\$ _____
\$ _____

Other Source:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total Amount Received: \$ _____

List Disbursement:

Name: _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total Amount Disbursed: \$ _____

End of Year Balance OR turned over amount to successor: \$ _____

Use this Section for a new District Director, State Chair, or Chapter Officer

Cross out one:

Turn over to successor _____
Received from Successor _____ (Name) _____ (Title)

Amount turned over: \$ _____ Date: _____ SDPHS Handbook (Circle One: Yes/No) Year _____

Applicable records: _____

List other assets turned over (such as furniture, file cabinets, etc.):

Sons and Daughters of Pearl Harbor Survivors, Inc.

REPORT OF DEATH

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Next of Kin: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Others: _____

Date of Death: _____ Services: _____

Funeral Home _____ Internment _____

Condolence Card: Yes ___ No ___ Condolence Letter: Yes ___ No ___

Form Prepared By: _____

Date Prepared: _____

Name _____

Address _____

City: _____ State: _____ Zip Code: _____

Note: Send Original copy to SDPHS National Secretary

FOR NATIONAL OFFICE USE ONLY

Condolence Card Sent: _____ Condolence Letter Sent: _____

Offspring Listing: _____ Notification to E-Board Members sent: _____

Reference: Forms and Distribution

Sons and Daughters of Pearl Harbor Survivors, Inc.

Travel and Expense Voucher

Date: _____

Name Title

Address City State, Zip Code

Destination and Reason for Expense

Transportation:

Airlines Name _____ \$ _____

Automobile Mileage _____ @ Cost per mile _____ \$ _____

Food Day(s) _____ @ Cost per day _____ \$ _____

Lodging Day(s) _____ @ Cost per day _____ \$ _____

Hotel/Motel: _____

Other Expenses (Itemize): _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Cost: \$ _____

RECEIPTS MUST BE ATTACHED

Signature

Title

TRAVEL VOUCHERS and/or EXPENSES MUST BE SUBMITTED WITHIN SIXTY (60) DAYS OF LAST DAY OF TRAVEL

SDPHS Official Use Only

Check No. _____ Date: _____

EBD No. _____

SDPHS Annual Dues Renewal

*(December 7, 20XX – December 6, 20XX)

Member Renewal \$20.00

Associate Renewal \$15.00

Minor Renewal \$ 5.00

Ck # _____

Date _____

Amt \$ _____

For Office Use Only

Name: _____ Membership ID: _____

If your address and/or telephone has changed, please complete the following:

Address: _____

City, State Zip: _____

Telephone: _____ E-mail Address: _____

Make checks or money orders payable to **SDPHS, Inc.**

Mail to: **SDPHS, Inc.

National Treasurer

Address

City, State, Zip Code

Notes: The payment expiration year is indicated in [brackets] on the mailing label.

* The current dates will be published in the latest issue of the *Offspring* Newsletter.

** The current SDPHS mailing address will be published in the latest issue of the *Offspring* Newsletter.

SDPHS CHAPTER DUES RECORD

The SDPHS member's dues record will be maintained with either a manual and/or automated procedure.

Manual Record

Name _____ I.D. No. _____
Address _____
City _____ State _____ Zip _____
Telephone (____) _____ E-mail _____

Year	Amount	Date	Year	Amount	Date	Year	Amount	Date
2016			2021			2026		
2017			2022			2027		
2018			2023			2028		
2019			2024			2029		
2020			2025			2030		

Note: This is a recommended method for manually posting chapter dues.

SONS AND DAUGHTERS OF PEARL HARBOR SURVIVORS, INC.

This form is due March 6th of each year and is to be sent to the National Treasurer. Keep a copy in your Chapter Treasurer's file.

Chapter Name: _____
National Charter # _____ District # _____ State of _____
Chapter's EIN # for Blanket Coverage: _____

Beginning Balance: \$ _____
Total Receipts: \$ _____
Total Expenditures: \$ _____
Ending Book Balance: \$ _____
Total Outstanding Checks: \$ _____
Ending Bank Balance: \$ _____

Please initial the appropriate response:

_____, _____, _____ I have examined the Chapter financial records and have found them to be in order.

_____, _____, _____ I have examined the Chapter financial records and have found the following discrepancies:

Signed: Trustee: _____ Date: _____
 Trustee: _____ Date: _____
 Trustee: _____ Date: _____

AMENDMENT TO SDPHS HANDBOOK

Amendment No. _____ Section No. _____

Subject: _____

Purpose: _____

Date referred to SDPHS Handbook Administrator: _____

Action wanted: Add / Delete / Change (Circle One)
Amendment:

Submitted by: _____ Date: _____

Date received by Handbook Administrator: _____

Date Amended by Handbook Administrator due to need for clarification (without Board Approval) _____

Recommendation by National Officers: Approve / Disapprove

Date Presented to Executive Board with Recommendation: _____

Executive Board Vote: Approved _____ Disapproved _____ Abstained _____

Date distributed if approved: _____