

## 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**

Form #	Form Name	A	B	C	D	E	F	G	H	I	J	K
1	Resolution of Condolence	C					C	C				
2	Resolutions for NCBL	O	C	C	C						C	
3	Petition Letter from Proposed Chapter	C	C	O	C		C	C	C			
4	Petition List for Chapter	C	C	O	C		C	C	C			
5	Charter Contract	C	C	O	C		C	C	C			
6	Recommendation for Charter Approval	C	C	O	C		C	C	C			
7	Membership Profile	C		O		C	C	C				
8	Report of Chapter Officers	C		O	C		C	C	C			C
9	Change to Report of Chapter Officers	C		O	C		C	C	C			C
10	Financial Report				O		C	C	C			
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12	Travel and Expense Voucher <b>(KEEP COPY FOR YOUR FILES)</b>				O							
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	Chapter History						C	C	O			C
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17	Amendment to SDPHS Handbook	O	C	C	C							

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

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**For National Use Only**

Copies to:

SDPHS National President	National Charter No. _____
SDPHS National Vice President	Request Date: _____
SDPHS National Treasurer	Charter Date: _____
SDPHS District Director	Check or Money Order: _____
SDPHS State Chair	

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 a 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.: \_\_\_\_\_

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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: \$ \_\_\_\_\_

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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**

Member: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Associate Member: \_\_\_\_\_ Associate ID#: \_\_\_\_\_

Minor Member: \_\_\_\_\_ Minor ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Please check circle if you wish to receive a color copy of your Offspring by e-mail instead of a black and white hard copy through the U.S. Postal Service. Make sure you include your e-mail address above!

Make check or money order payable to SDPHS, INC.

Mail to: SDPHS, Inc.  
National Treasurer  
Address  
City, State, Zip Code

Members can also pay dues on the SDPHS website ([www.sdphs.org](http://www.sdphs.org)).

In addition to my dues payment, please accept my donation for: (check one below)

\_\_\_\_\_ General Fund \_\_\_\_\_ Memorial Fund \_\_\_\_\_ Scholarship Fund \_\_\_\_\_  
\_\_\_\_\_ Pearl Harbor & Child Survivor History Project

DUES SENT: \$ \_\_\_\_\_ DONATION: \$ \_\_\_\_\_ = TOTAL: \$ \_\_\_\_\_

**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
2024			2029					
2025			2030					
2026			2031					
2027			2032					
2028			2033					

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

SDPHS Annual Trustees Report

This form is due March 6<sup>th</sup> 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: \_\_\_\_\_