Company Annual Statistical Report

Adopted by the International Executive Board March 2, 2026.
This Report covers the DUP year just-completed (operational and fiscal from June 1 - May 31).
Complete and submit by June 30 to: ISDUP Membership Department
300 N Main St, Salt Lake City, UT 84103-1699

Date: _____

Company: _____ **Company #:** _____ **State/Province:** _____

Purpose: The purpose of the Company Annual Statistical Report is to provide the Company Board with a snapshot of the health of the Company. With the cumulative data compiled from all Camps, take the opportunity to compare details with last year's Report, evaluate, and set goals.

Instructions: The Company Secretary completes Parts 1, 2, 3, 4, and 5, obtains signatures, keeps a copy, and then submits the Report to ISDUP by June 30. ***Do not submit Camp Annual Statistical Reports to ISDUP.

Part 1: Compilation of Camp and Company Data from June 1 to May 31

Members and Camps Data	**Numbers**	
1. Total of enrolled Members (dues paid and unpaid) as of May 31:	Total =	
2. Total active Members (dues paid) as of May 31:	Total =	
3. Total of active Associates (dues paid) as of May 31:	Total =	
4. Average number of Members and Associates attending monthly Camp meetings: (Add averages from all Camp reports, then divide that by the number of Camps.)	Average =	
5. Total of new Members who joined:	Total =	
6. Total of deaths notifications submitted to ISDUP:	Total =	
Company Data and Information	**Numbers**	
7. Total of Camps in the Company:	Total =	
8. Total of Camps founded, disbanded, divided, or combined (list Camp and Camp ID#)	Total =	
9. Total of Company Board meetings held:	Total =	
10. Total of Camp sponsor visits by Company:	Total =	
11. Total attendees at the Company Leadership Training Seminar:	Total =	
12. Date of Company officers' installation (odd years): Date:		
13. Selected Company Officers, Part 2 *(complete page 2)*		
14. Camps and Camp Captains, Part 3 *(complete page 3)*		
15. Markers, Part 4 *(complete page 4)*		
16. Satellite Museums, Part 5 *(complete page 5)*		

Company Secretary
Print Name:
Signature:
Phone:
Email:

Company President
Print Name:
Signature:
Phone:
Email:

Part 2 of Company Annual Statistical Report

Selected Company Officers

Provide the names and membership numbers of key Company Officers in office as of June 1.

Company President	
Name: Membership #	

Company 1st Vice President	
Name: Membership #	

Company Treasurer	
Name: Membership #	

Company Secretary	
Name: Membership #	

Company Registrar	
Name: Membership #	

Company Satellite Museum Director (If Applicable)	
Name: Membership #	

Part 3 of Company Annual Statistical Report

Camps and Camp Captains

Provide Camp and Captain names and membership numbers as of June 1.

Camp Name:	Camp #	
Captain Name:	Membership #	
Camp Name:	Camp #	
Captain Name:	Membership #	
Camp Name:	Camp #	
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Camp Name:	Camp #	
Captain Name:	Membership #	

Date: _____

Company: _____ **Company #:** _____ **State/Province:** _____

Part 4 of Company Annual Statistical Report

Markers

Provide Marker names and numbers within your Company's responsibility. Notate the care this past year: grounds and the monument inspected, marker face cleaned, etc. If your Company has more Markers than this form accommodates, make copies of this page to provide information about all Markers. Skip this page if the Company has no Markers within its responsibility.

Marker name:	Marker #:
Inspected and cleaned this past year:	☐Yes ☐No
Has the physical location changed in the last year?	☐Yes ☐No
Comments:	

Marker name:	Marker #:
Inspected and cleaned this past year:	☐Yes ☐No
Has the physical location changed in the last year?	☐Yes ☐No
Comments:	

Marker name:	Marker #:
Inspected and cleaned this past year:	☐Yes ☐No
Has the physical location changed in the last year?	☐Yes ☐No
Comments:	

Marker name:	Marker #:
Inspected and cleaned this past year:	☐Yes ☐No
Has the physical location changed in the last year?	☐Yes ☐No
Comments:	

Marker name:	Marker #:
Inspected and cleaned this past year:	☐Yes ☐No
Has the physical location changed in the last year?	☐Yes ☐No
Comments:	

Date: _____

Company: _____ **Company #:** _____ **State/Province:** _____

Part 5 of Company Annual Statistical Report

Satellite Museum (Museum, Cabin, Collection, Cemetery)

Provide the Satellite Museum's name within your Company's responsibility. Provide contact information for the person responsible. Note if an inventory has been prepared, total of hours the Museum was open/docent hours, and total number of visitors this past year. If your Company has more Museums than this form accommodates, make copies of this page and provide information about each. Skip this page if the Company has no Museums within its responsibility.

Satellite Museum name:	
Inventory prepared:	☐Yes ☐No
Total of visitors:	Number:
Total of docent hours:	Number:
Responsible person's name: _____ Email:	Phone:
Comments:	

Satellite Museum name:	
Inventory prepared:	☐Yes ☐No
Total of visitors:	Number:
Total of docent hours:	Number:
Responsible person's name: _____ Email:	Phone:
Comments:	

Satellite Museum name:	
Inventory prepared:	☐Yes ☐No
Total of visitors:	Number:
Total of docent hours:	Number:
Responsible person's name: _____ Email:	Phone:
Comments:	

Satellite Museum name:	
Inventory prepared:	☐Yes ☐No
Total of visitors:	Number:
Total of docent hours:	Number:
Responsible person's name: _____ Email:	Phone:
Comments:	