

LDA Name:

LDA Contact Information

Full Name: _____
Last First

Title: _____

Best Phone: _____ Alt. Phone: _____

Email: _____

Board Information (Must have at least 3 positions filled)

President:	*	_____	Email:	_____
Secretary:	*	_____	Email:	_____
Treasurer:	*	_____	Email:	_____
Athlete Rep:	*	_____	Email:	_____
Sr. Coach Rep:		_____	Email:	_____
Jr. Coach Rep:		_____	Email:	_____
Other (Specify):		_____	Email:	_____
Other (Specify):		_____	Email:	_____

**Each Association must have these positions. Secretary and Treasurer can be combined to form one position*

Corporate Status

Full Name of LDA: _____
(Exactly as stated on your corporate filing paperwork)

Mailing Address: _____
Street Address Apartment/Unit#

_____ City State Zip

State of Incorporation: _____ Original Date of Incorporation: _____ / _____
Month Year

Corporation "Standing": In Good Standing Not in Good Standing

Most recent filing of corporate status: _____ / _____
Month Year

Statutory Agent Name: _____
Last First Phone#

Mailing Address: _____
Street Address Apartment/Unit#

_____ City State Zip

IRS Status

Full Name of LDA:

_____ *(Exactly as stated on your IRS and EIN filing paperwork. This SHOULD all be the same)*

IRS Filing "Status":

- Current
- Not Current

Most recent filing Tax return:

_____/_____
Month Year

Form used for filing:

- E Postcard (990n)
- Form 990
- Form 990 EZ

Banking Information

Full Name of Bank:

Branch Address:

Street Address Phone Number

City State Zip

Account #:

- Checking
- Savings
- Other

Account #:

- Checking
- Savings
- Other

Account #:

- Checking
- Savings
- Other

Account #:

- Checking
- Savings
- Other

Signor #1

* _____

Email:

Signor #2

* _____

Email:

Signor #3

Email:

Signor #4

Email:

Signor #5

Email:

** Minimum of 2 signors required to be on all LDA accounts.*

Who maintains the check book:

Who has account Log-In information? *Last First Phone*

Last First Phone

Prior Year Financial History

Income

USAD Rebate checks:

Q1 USAD Rebate check \$

Q2 USAD Rebate check \$

Q3 USAD Rebate check \$

Q4 USAD Rebate check \$

*(Type \$ amount
boxes provided
below.)*

TOTAL USAD REBATE CHECKS EARNED: _____ \$ _____ *(Type total of all 4
quarters here.)*

Other Revenue:

Donations \$

Association meet contributions \$

Hosted Clinics \$

*(Type \$ amount
of revenue
items in the
boxes provided
to the left.)*

*(Type any additional
revenue, in general
detail, in the boxes
provided to the right.)*

\$

\$

\$

\$

\$

\$

\$

\$

\$

TOTAL OTHER REVENUE: *(Type total \$ of "Other Revenue".)* \$ _____

TOTAL REVENUE: \$ _____ *(Type total of "Other Revenue "+
"Total USAD Rebate Checks
Earned".)*

Expenses

Other Expenses: *(List all expenses of the past year in the boxes
provided below.)*

*(Type \$ amount
boxes provided
below.)*

\$

\$

\$

\$

\$

TOTAL OTHER EXPENSES: _____ \$ _____ *(Type total \$ of "Other Expenses".)*