

Treasurer's Bond Application

1) Treasurer Information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

District # _____ Chapter Name _____

Is this your first year as treasurer for this Chapter/District? _____

Driver's license #: _____ State: _____

Telephone #: _____ Fax #: _____

Cell phone #: _____ Email: _____

Work phone # _____

Employer's Name _____

Address _____

City _____ State _____ Zip _____

Have you ever been convicted of a felony? If yes, please explain: _____

2) Internal control

Are the bank accounts and statements reconciled by someone not authorized to deposit or withdraw from the account? _____ If no, please

explain: _____

Is there a second signature required on your checks? _____
If no, please explain: _____

Is your treasury audited at least twice per year? _____ If no, please explain: _____

Date of last audit: _____ Was this audit free of any criticisms? _____ If no, please explain: _____

3) Account information

Please list account number(s) of **ALL** your chapter/district accounts. Include checking, savings, CD's, money market, etc...

Type of account	Account number	Name of institution

4) Signatures

Chapter/District Treasurer _____

Chapter President _____
(if form is filled out for chapter treasurer)

District Representative _____
(if form is filled out for district treasurer)

Date: _____