

2017 ANNUAL REPORT

Submitted to the Wisconsin Historical Society in accordance with Section 44.03(3) of the Wisconsin Statutes

Please complete the following.
If a question does not apply to you, mark it as "does not apply".

Contact Amy Norlin with questions 608-264-6579 or amy.norlin@wisconsinhistory.org

ORGANIZATION NAME: _____

LOCATION AND CONTACT INFORMATION			
STREET ADDRESS			
CITY, STATE, ZIP			
TELEPHONE NUMBER			
E-MAIL ADDRESS			
WEBSITE			
MAILING ADDRESS, IF DIFFERENT FROM LOCATION ADDRESS			
ORGANIZATION NAME:			
ADDRESS			
CITY, STATE, ZIP			
FEDERAL EMPLOYEE ID NUMBER ((FEIN #)			

ORGANIZATIONAL STATISTICS FOR JANUARY 1, 2017 – DECEMBER 31, 2017

DATE OF LAST OFFICER ELECTIONS:	
TOTAL CURRENT MEMBERSHIP:	
TOTAL PAID STAFF (IF ANY):	
TOTAL BUILDINGS OWNED OR OPERATED:	
TOTAL ATTENDANCE IN 2017:	
2017 BUDGET RECEIPTS:	
2017 BUDGET EXPENDATURES:	

FUNDING SOURCES AND AMOUNTS RECEIVED JANUARY 1, 2017 – DECEMBER 31, 2017

VILLAGE:	\$	STATE:	\$
TOWN:	\$	FEDERAL:	\$
CITY:	\$	OTHER:	\$
COUNTY	\$		

PRESIDENT			
FIRST NAME:		LAST NAME:	
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			
VICE PRESIDENT			
FIRST NAME:		LAST NAME:	
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			
SECRETARY			
FIRST NAME:		LAST NAME:	
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			
TREASURER			
FIRST NAME:		LAST NAME:	
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			
BOARD MEMBER			
FIRST NAME:		LAST NAME:	
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			
BOARD MEMBER			
FIRST NAME:		LAST NAME:	
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			
BOARD MEMBER			
FIRST NAME:		LAST NAME:	
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			
BOARD MEMBER			
FIRST NAME:		LAST NAME:	
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			
BOARD MEMBER			
FIRST NAME:		LAST NAME:	
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			

BOARD MEMBER			
FIRST NAME:		LAST NAME:	
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			
BOARD MEMBER			
FIRST NAME:		LAST NAME:	
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			
BOARD MEMBER			
FIRST NAME:		LAST NAME:	
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			
BOARD MEMBER			
FIRST NAME:		LAST NAME:	
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			
BOARD MEMBER			
FIRST NAME:		LAST NAME:	
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			
STAFF TITLE:			
FIRST NAME:		LAST NAME:	
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			
STAFF TITLE:			
FIRST NAME:		LAST NAME:	
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			
STAFF TITLE:			
FIRST NAME:		LAST NAME:	
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE:			
E-MAIL:			

RESOURCE INFORMATION

RESOURCES INCLUDE MUSEUM BUIDLINGS, ARCHIVES, READING ROOM, HISTORIC BUIDLINGS, AND DISPLAY CASES, ETC. THIS INFORMATION WILL BE AVAILABLE TO THE PUBLIC ON THE WISCONSIN HISTORICAL SOCIETY WEBSITE.

RESOURCE:

ADDRESS:

CITY, STATE, ZIP:

TELEPHONE:

E-MAIL:

HOURS:

INFORMATION:

RESOURCE:

ADDRESS:

CITY, STATE, ZIP:

TELEPHONE:

E-MAIL:

HOURS:

INFORMATION:

PROGRAMS

List programs and activities which took place in 2017. Example: Exhibits, public programs, events, fundraisers, lectures, new construction, and major acquisitions.

REPORT SUBMISSION

Name:	
Title:	
Date:	
Signature:	
Additional Comments or Questions	

RETURN COMPLETED REPORT BY MARCH 2, 2018 TO:

WISCONSIN HISTORICAL SOCIETY

**ATTN: AMY NORLIN
816 STATE STREET
MADISON, WI 53706**

Questions? Contact me at

608-264-6579 or amy.norlin@wisconsinhistory.org