Your Newsletter Name

A Publication of the Your Chapter Name Chapter

INSTITUTE OF MANAGEMENT ACCOUNTANTS

Your Website Name **Date = Month Year**

Date: Day and Date of Meeting

Location: Meeting Location
Address

Speaker: Speaker Name
Speaker Company

Times: 5:30 p.m. Social Hour
6:30 p.m. Dinner
7:15 p.m. Program

Cost: $24 Members with reservations
$28 Guests and Members without reservations
$17 Students with reservations

Menu

French Onion Soup
Pork Chop with Green Peppercorn Sauce
Chocolate Truffle Cake

Vegetarian Meal Available

Included contact information for making reservations including deadline form making reservations

Cancellations:
Include information on how to cancel a reservation

Directions:
Include directions to the meeting for those who may not be familiar with the location

This space is provided for speaker information. Include the speaker name, speaker affiliations as well as a write up of the topic to be presented. This is your chance to sell the meeting.

About this newsletter template: The newsletter is put together using text boxes. Replace the information in red with the correct information for your chapter. Left click in the text box, then right click and paste or just type your article. You can delete, move and resize text boxes by left clicking your mouse on the borders or in the boxes at the side or top. By right clicking on the text box border you can see available options. The option to create text box link will allow a large article to be continued on another page. You can insert text boxes, add or remove the borders, change the format, font or colors as you like by using the program task bar. Experimentation with the available options will help you develop your skills to become proficient and comfortable with these tools. More extensive detailed information is available with your program help option.

President's Message

Include your president's message in this text box.

Small box for additional information such as new CMAs/CFMs or new members

How about including membership anniversaries

YOUR CHAPTER NAME
SERVICE YEAR I.E. 2001-2002
OFFICERS AND DIRECTORS

Position	Name	Phone (W)	email address
Position	Name	Phone (W)	email address
Position	Name	Phone (W)	email address
Position	Name	Phone (W)	email address
Position	Name	Phone (W)	email address
Position	Name	Phone (W)	email address
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Position	Name	Phone (W)	email address
Position	Name	Phone (W)	email address
Position	Name	Phone (W)	email address

You can lengthen or shorten this box depending on the size or your board.

Include deadline for submitting info for next newsletter

Include contact information for submitting information

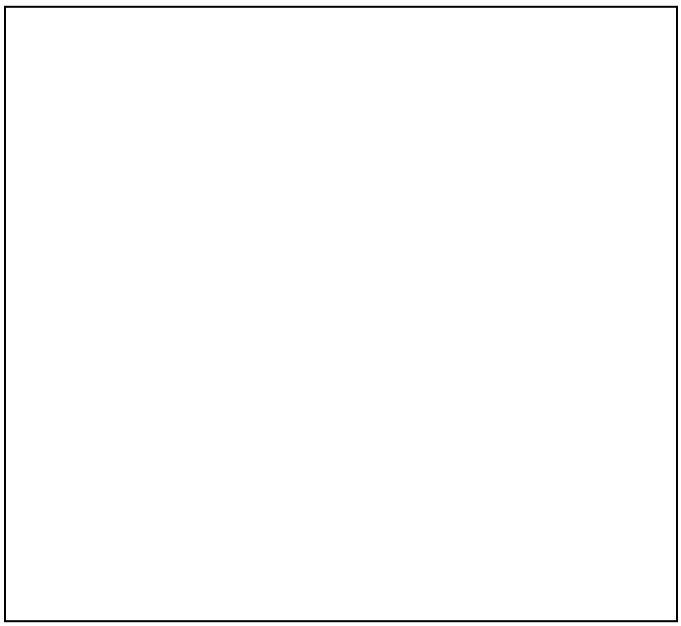
2002 - 2003 Key Contacts

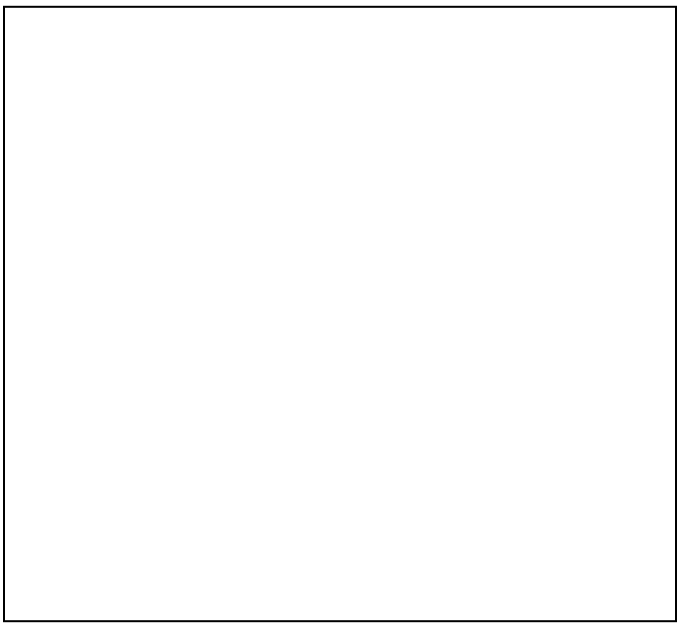
In this box include key council and national contact information.

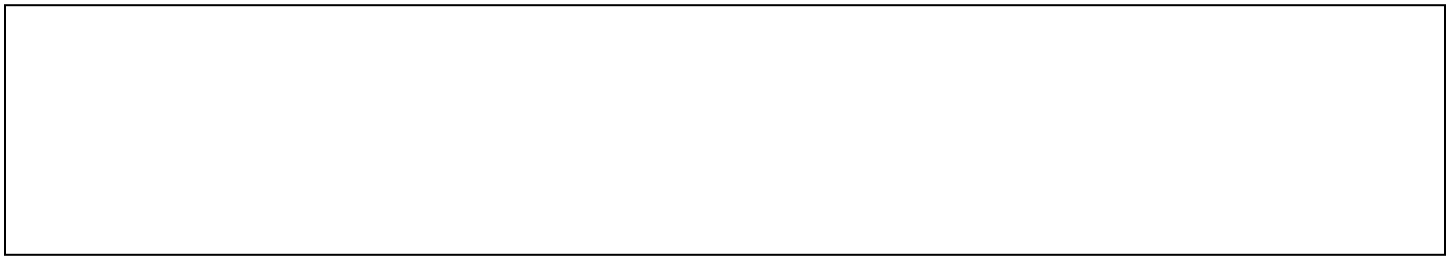
President your council name
Chapter and Council Services – Jeff Albrechtson 1-800.638.4427 ext 1577 jalbrechtson@imanet.org
National Vice-President

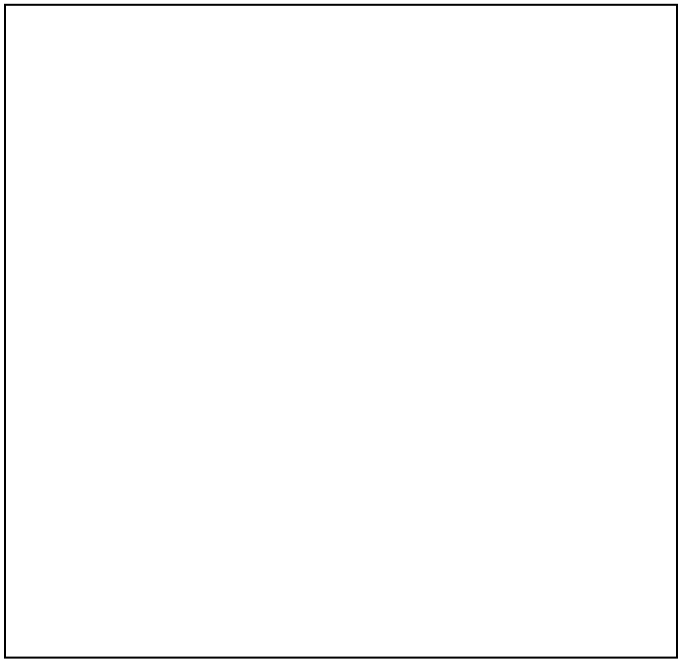
IMA Website – www.imanet.org

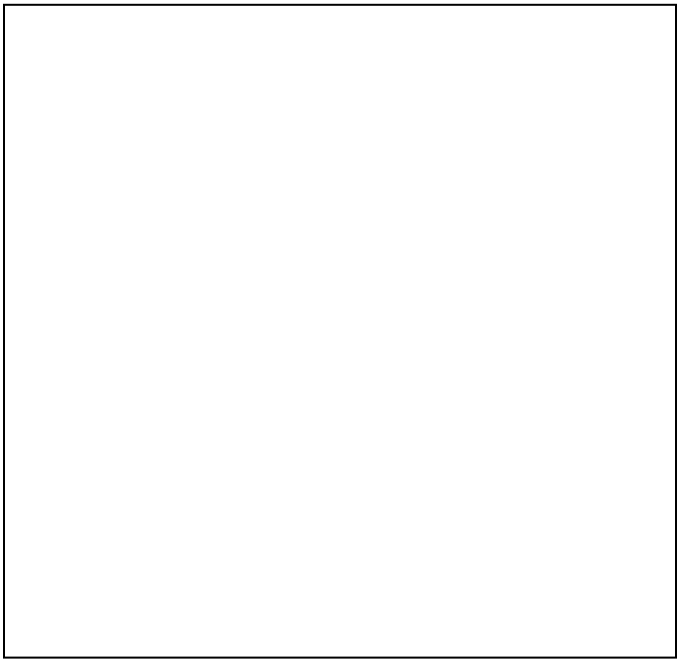
Block for full page article











Return Address information goes in the block

If you distribute your newsletter only via email, you can delete the text boxes and graphics on this page. This will provide room for additional information. Simply left click and select cut. (Delete this box)

Your Chapter Name Chapter
Month Year Newsletter

IMA INSTITUTE OF MANAGEMENT ACCOUNTANTS®

Send To: _____

Certified Management Accountant Program
Certified In Financial Management Program

Forwarding Address Correction Requested
(if you do not mail with first class postage delete this box)

If you delete the boxes on this page be sure to include online information updating at www.imanet.org in another box within your newsletter.
DELETE THIS BOX

INFORMATION UPDATE (Please Print)

Update your information online at www.imanet.org

Dr. ___ Mr. ___ Mrs. ___ Ms. ___ Professional Designation _____ Account # _____

Last Name _____ First Name _____ MI _____

New/Current Business

Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____ E-mail _____

New Home:

Address _____

City/State/Zip _____

Phone _____ Fax _____ E-mail _____

I prefer to stay with my present chapter _____. I prefer to affiliate with the _____Chapter.

Your signature _____Date _____
(National requires your signature for any changes)

Please send all IMA correspondence to my: Business Address _____ Home Address _____

Please send this form to: Insert appropriate information here