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# *Your Newsletter Name*

A Publication of the **Your Chapter Name** Chapter



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**Your Website Name**

**Date = Month Year**

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**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.**

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## 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  
Most Important – Be creative and have fun with your newsletter

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

<b>Position</b>	Name	Phone (W)	<u>email address</u>
<b>Position</b>	Name	Phone (W)	<u>email address</u>
<b>Position</b>	Name	Phone (W)	<u>email address</u>
<b>Position</b>	Name	Phone (W)	<u>email address</u>
<b>Position</b>	Name	Phone (W)	<u>email address</u>
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<b>Position</b>	Name	Phone (W)	<u>email address</u>
<b>Position</b>	Name	Phone (W)	<u>email address</u>
<b>Position</b>	Name	Phone (W)	<u>email address</u>

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

**Include deadline for submitting info for next newsletter**  
Include contact information for submitting information

**2002 - 2003 Key Contacts**

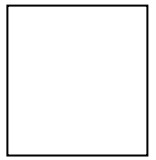
In this box include key council and national contact information.

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](http://www.imanet.org)**

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



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](http://www.imanet.org) in another box within your newsletter.  
**DELETE THIS BOX**

### INFORMATION UPDATE (Please Print)

Update your information online at [www.imanet.org](http://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**