



Department of Arkansas District Visit Form



DISTRICT NO. _____ DATE OF INSPECTION: _____ LOCATION OF MEETING _____

DISTRICT PRESIDENT _____ Next meeting Date _____ Time _____ / _____

List Auxiliaries in District; how many were present, and number of members present.

Auxiliary # Members

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1. Number of District officers present. _____ Which Offices were absent _____

2. Are the books of the Secretary and Treasurer kept according to the booklet of instruction? _____

3. Was a school of instruction completed? _____. Explain: _____

4. Did the District President inform the Auxiliaries about important upcoming events? _____

5. Is the Auxiliary view read or available at meeting? Yes _____ No _____

6. Were Auxiliaries given time to report their activity since the last meeting or ask questions? _____

7. Are any of the Auxiliaries having a particular problem with programs? _____

8. Does anyone need help getting an account on MALTA? Who? _____

9. Are there any Auxiliaries having issues with audits, paperwork, membership, RED Flags?? _____

Explain: _____

10. Do you consider this District to be in good working order? Yes _____ No _____

Your Comments, Matters of Concerns, etc.: _____

11. Was instruction given on the Department Website? _____

District President _____ Representative _____

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President ____ Sr vice ____ Jr. vice ____ Treasurer ____ Secretary ____ Chaplin ____ Conductor ____

Guard ____ Patriotic Instructor ____ Trustee 1 ____ Trustee 2 ____ Trustee 3 ____



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President___Sr vice___Jr. vice___Treasurer___Secretary___Chaplin___Conductor___
Guard___Patriotic Instructor___Trustee 1___Trustee 2___Trustee 3___