



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	Auxiliary #	# Members	Auxiliary #	# Members
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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 Auxillaries 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.: _____

District President _____ Representative _____