Department of Arkansas District Visit Form

DISTRICT NO._____DATE OF INSPECTION: _____LOCATION OF MEETING _____

DISTRICT PRESIDENT _____Next meeting Date_____Time_____/_____

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 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.: _____

_____

_____

District President_____ Representative_____

1. After reviewing, please ensure the following documents are **signed and dated**: the approved Secretary Minutes, Treasurerôs Report, Checkbook Register, approved Audit, and the front page of the most recent Bank Statement. Verify Trustee signatures are included on each document.
2. Confirm that the bond, Treasurerôs Report, and Audit are properly filed in the Secretaryôs book.
3. Copies of the Auxiliary Visit Form should be provided to the Auxiliary President, Department President, and Department Chief-of-Staff, with an additional copy retained for your records.

Rev 5/24/26

President___ Sr vice___ Jr. vice___ Treasurer___ Secretary___ Chaplin___ Conductor___
Guard___ Patriotic Instructor___ Trustee 1___ Trustee 2___ Trustee 3___