Extension
Form # 1

Date of Visit: _____

District Number: _____

Name of District President: _____

Name of Deputy Chief of Staff: _____

Name & Number of Auxiliary Assisted: _____

Tell how you helped this Auxiliary, Membership, Disbandment or Saved:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Did the District President or District Membership Chairman attend this meeting with you?
_____

What was the result of your visit?
_____
_____
_____
_____
_____
_____

If you helped this Auxiliary disband, how many members did you transfer to other Auxiliaries? _____ to At Large? _____

Date of this report: _____

Signature: _____

Phone Number: _____