



AMERICAN LEGION AUXILIARY, INC.

DEPARTMENT OF VIRGINIA

MAKE FIVE COPIES

MONTHLY REPORT FORM

Citation Requirement #1

Meetings held
July 1 – June 30

Department President
District President
Strategic Planning Chair strategicplan@vaauxiliary.org
Zone Vice President (Courtesy Copy)
Copy for Unit Files
(do not send to Dept. Secretary)

Report # _____

UNIT NO. _____

DISTRICT NO. _____

Name of Unit	Location	Name of Secretary

Date of meeting	Location	Kind (regular or special)	Number attending	Number of guests

Last Year's Membership: _____ # new members _____ Number of Members paid this year: _____

Please answer the following as they apply to your Unit and member activities for the month. This will be used to gauge Department progress toward the five goals of the current National Strategic Plan.

- Has your Unit or have any of your Unit members worked with any other organizations on any projects this month? Yes ___ No ___ If so, please list the group(s) and the activities.

- Have any members attended ALA Leadership workshops this month? Yes ___ No ___ If so, please share how many members attended, and whether they attended Unit, District, Zone or Department workshops.

- Have any members completed any of courses offered through The ALA Academy this month? If so, please share how many members and which courses were completed.

- Has your Unit tried anything new this month to generate greater involvement of members? Yes ___ No ___ If so, please describe what you tried and how that turned out.

- Did your Unit have Treasurer's report at this month's meeting? Yes ___ No ___
- When did your Unit last audit its books? _____
- Did your Unit file a 990? Yes ___ No ___
- Has your Unit worked with the Legion Family on any projects this month? Yes ___ No ___ If so, please describe how you worked together.

Please give highlights of meeting and program held for the month or attach your meeting minutes. Thank you for completing this report!
