

Department of Virginia

MONTHLY REPORT FORM

Report # ____

Send to:
Department President
Department Vice President
District President
Strategic Planning Chair strategicplan@vaauxiliary.org
Keep a copy for Unit Files

Citation requirement #1 Meetings held July 1 – June 30

UNIT NO		DISTRICT NO				
Name of	Unit		Location	Name of S	ecretary	
Date of n	neeting	Location	Kind (regular	r or special)	Number attending	Number of guests
Last Year's Membership:		# new members_		Number of Members pai	d this year:	
			apply to your Unit and goals of the current N		ies for the month. This will c Plan.	be used to gauge
1.			your Unit members w list the group(s) and the		other organizations on any	projects this month?
2.					nth? Yes No If so t, Zone or Department work	
3.			ed any of courses offer ich courses were comp		e ALA Academy this month	? If so, please share
4.			new this month to general		volvement of members? Y	 es No If so
5.	Did your Un	it have Treasure	r's report at this month	's meeting? Ye	s No	
6.	When did yo	our Unit last audit	t its books?			
7.	Did your Un	it file a 990? Yes	No			
8.	Has your Ui	nit worked with the describe how yo	e Legion Family on an ou worked together.	ny projects this	month? Yes No	
	give highligh		d program held for the	month or attacl	h your meeting minutes. Th	nank you for