



Unit Meeting Visit by District President Report

Unit(s) Visited _____

Date of Visit _____

Location of visit if more than one Unit was present _____

Number of Members present _____

- | | | |
|---|------------------------------|-----------------------------|
| 1. Follows established procedure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Members are interested and active | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is a friendly place to be | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is well thought of by the community and veterans | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Address needs of youth and veterans | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signed by Unit President _____

Signed by Unit President _____

Signed by Unit President _____

Signed by Unit President _____

Signed by District President _____

Send to American Legion Auxiliary of South Dakota, PO Box 983, Mitchell, SD 57301