



# 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