



DISABLED AMERICAN VETERANS / DEPARTMENT OF MICHIGAN

**VISITING OFFICER'S REPORT
(CHAPTER VISIT)**

DATE: _____

DISTRICT # _____ **CHAPTER NO. & NAME:** _____

VISITING OFFICER NAME (print): _____ **TITLE:** _____

Number of Members present: _____ **Number of new Member's accepted:** _____

| | YES | NO |
|---|-----|----|
| FUNCTIONING MEMBERSHIP COMMITTEE | | |
| MEMBERSHIP REPORT GIVEN | | |
| RECENT INFORMATION SEMINARS | | |
| ACTIVE CHAPTER SERVICE OFFICER | | |
| SERVICE OFFICER REPORT GIVEN | | |
| VA HOSPITAL PROGRAM | | |
| COMPLETE FINANCIAL REPORT GIVEN | | |
| CHAPTER CONSTITUTION & BYLAWS REVIEWED RECENTLY | | |
| CHAPTER CONSTITUTION AVAILABLE AT MEETING | | |
| DO MEMBERS HAVE A COPY OF CONST. & BYLAWS | | |
| DOES CHAPTER CONDUCT FORGET-ME-NOT DRIVE | | |
| DOES CHAPTER HOLD FUNDRAISERS | | |
| DO MEMBERS WEAR DAV CAPS | | |
| DOES CHAPTER HAVE AN ACTIVE CHAPLAIN | | |
| DOES CHAPTER SPONSOR A VAN | | |
| DO MEMBERS TRANSPORT VETERANS | | |

Report of General Discussions:

List recommendations you may have for the Chapter:

Other notes: _____

Visiting Officer Signature: _____

Chapter Commander Signature: _____

Please scan document and email to: MIDAVHQ@DAVMICHIGAN.com

Or Mail to: DAV Department of Michigan
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