



DISABLED AMERICAN VETERANS / DEPARTMENT OF MICHIGAN

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

DISTRICT # _____

Date: _____ Chapter Number: _____

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 Const. & 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 fund raisers	()	()
Do members wear DAV caps	()	()
Does chapter have active Chaplain	()	()
Does chapter sponsor van	()	()
Do members transport veterans	()	()

Report of General

Discussions: _____

List recommendations you may have for
chapter: _____

District Officer Signature: _____

Chapter Commander Signature: _____