

AUXILIARY OFFICIAL VISIT FORM

DATE OF VISIT: _____ AUX. # _____ DISTRICT # _____

AUXILIARY NAME: _____

LOCATION: _____

(Address) (City) (State & Zip) _____

Meeting Date(s): _____

Meeting Time: _____

Confirm that information is correct in MALTA. Yes ___ No ___

Attendance:

1. Have there been any changes to the Officers since the original Report of Installation?
Yes ___ No ___ If Yes, please contact the Department Secretary.
2. How many regular business meetings are held in a year? If less than 12, what are the blackout months? _____
3. Is a membership pin given to new members when they are obligated, and are they shown were to find the bylaws online? Yes ___ No ___

PERTAINING TO THE OFFICE OF PRESIDENT:

1. Are meetings conducted according to the National Bylaws and Ritual?
Yes ___ No ___
2. Does the President have a **current** copy of the National Bylaws and Ritual? Yes ___ No ___ (If no, what year? _____)
3. Is the President familiar with his/her duties? Yes ___ No ___
4. Are other Officers familiar with their duties? Yes ___ No ___

PERTAINING TO THE OFFICE OF SECRETARY:

5. Are the Secretary's books kept according to the Booklet of Instructions?
Yes ___ No ___
6. Are the books of the Secretary audited according to the Bylaws? Yes ___ No ___
7. Are Secretary's books signed by the Trustees? Yes ___ No ___
8. Is the Secretary keeping a file of all Program Reports? Yes ___ No ___
(Electronically or printed copy)
9. Are the following items incorporated into the minutes of the Secretary?
____ Treasurer's Report ____ Bond ____ Audit ____ 990 Filing If you answered no on any of the above, did you instruct on proper procedure? (explain) _____

PERTAINING TO THE OFFICE OF TREASURER/TRUSTEE:

10. Are the Treasurer's books kept according to the Booklet of Instructions? Yes _____ No _____
11. Does the Treasurer present the Treasurer's report as a part of the Order of Business? Yes _____ No _____
12. Did you see proof of the 990 being filed within the last 12 months? Yes _____ No _____
If no, contact the Department Office immediately.
13. Are all funds audited (i.e. Bingo, etc.)? Yes _____ No _____
14. Are all books/audits signed by the Trustees performing the audit? Yes _____ No _____
15. Is the quarterly audit read by the Trustees and acted upon at the meeting?
Yes _____ No _____
If you answered no on any of the above, did you instruct on proper procedure?
(explain) _____

PERTAINING TO APPOINTMENT OF CHAIRMEN:

16. Have Chairmen been appointed to correspond with National and Department Programs? Yes _____ No _____
17. Did the Chairmen promote programs or talk about program projects involving the members? Yes _____ No _____
18. District President, did you inform the Auxiliary of the importance of reporting at least once during the administrative year?
Yes _____ No _____
19. District President, did you inform the Auxiliary that they MUST report at least one project involving veterans?
Yes _____ No _____

R-reported	S-sent report	N-no report given	P-President reported
Veterans and Family Support			Legislative
Americanism			Membership
"Buddy"® Poppy			Scholarships
National Home			Youth Activities
Historian/Media Relations			
Hospital			AUDIT REPORT

Do you consider this Auxiliary to be in good working order? Yes _____ No _____

Please give honest, unbiased answers to the above questions. You may use additional pages as necessary.

On a separate sheet, list any questions or concerns that arose during the inspection for which our Department needs to respond that will help or encourage this Auxiliary.

Instructions to District President or the District Representative: (1) A copy of the Auxiliary Official Visit Form is given to the Auxiliary President at the time of the visit. (2) A copy is also sent to the Department Secretary, and (3) a copy for your files. (4) Please send a copy to the Chief of Staff.

District President or Representative

Auxiliary President

