

# CHAPTER/UNIT ACTIVITY REPORT

(TO BE SUBMITTED AT EACH DISTRICT MEETING)

DISTRICT # \_\_\_\_\_ NUMBER OF CHAPTER MEMBERS IN ATTENDANCE \_\_\_\_\_

NON VA HOSPITAL: NO. VOL \_\_\_\_\_ HOURS \_\_\_\_\_ MILES \_\_\_\_\_ VALUE \_\_\_\_\_  
(Private Hospital, Nursing Home, etc.)

VAVS: (VA Hospital) NO. VOL \_\_\_\_\_ HOURS \_\_\_\_\_ MILES \_\_\_\_\_ VALUE \_\_\_\_\_

COMMUNITY SERVICE: NO. VOL \_\_\_\_\_ HOURS \_\_\_\_\_ MILES \_\_\_\_\_ VALUE \_\_\_\_\_

LEGISLATION: NO. VOL \_\_\_\_\_ HOURS \_\_\_\_\_ NO. OF CONTACTS \_\_\_\_\_

FUNDRAISERS: NO. of EVENTS \_\_\_\_\_ AMOUNT RAISED: \_\_\_\_\_

MEMBERSHIP DRIVES: NO. of EVENTS \_\_\_\_\_ NEW MEMBERS \_\_\_\_\_ TRANSFERS \_\_\_\_\_

SERVICE OFFICER: NO. of CONTACTS REPORTED \_\_\_\_\_

VETERAN IN NEED: NO. HELPED \_\_\_\_\_ VALUE \_\_\_\_\_

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NO. CARDS SENT BY CHAPLAIN \_\_\_\_\_ NO. CARDS SENT BY MEMBERS \_\_\_\_\_

PUBLICITY: \_\_\_\_\_ TV & RADIO SPOTS: \_\_\_\_\_

**DETAIL SPECIAL PROGRAMS THAT HAVE NOT BEEN COVERED ABOVE.**

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CHAPTER/UNIT COMMANDER: \_\_\_\_\_

CHAPTER/UNIT NAME & NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

**The above report should be made in duplicate, keep one copy for your chapter files and one given to the DISTRICT COMMITTEEMAN/DISTRICT COMMANDER**

**THIS REPORT WILL BE GIVEN AT DISTRICT MEETINGS**