

# DEPARTMENT OF NEW HAMPSHIRE VETERANS OF FOREIGN WARS OF THE UNITED STATES

## DISTRICT MEETING REPORT FORM (Post Commander's Report Form for District Meetings)

POST NAME: \_\_\_\_\_ POST NUMBER: \_\_\_\_\_

LOCATION: \_\_\_\_\_ DISTRICT \_\_\_\_\_

MEMBERS PAID: \_\_\_\_\_

TOTAL PAID: \_\_\_\_\_

TOTAL NEW MEMBERS: \_\_\_\_\_

TOTAL REINSTATED MEMBERS \_\_\_\_\_

LIFE MEMBERS \_\_\_\_\_

QUARTERMASTER BONDED (Amount and ending date) \_\_\_\_\_

SERVICE OFFICER REGISTERED:  Yes  No

DATE OF LAST TRUSTEES REPORT OF AUDIT: \_\_\_\_\_

DATE OF LAST POST INSPECTION: \_\_\_\_\_

DATE OF LAST POST HOSPITAL VISIT: \_\_\_\_\_

POPPY PURCHASED (Amount) \_\_\_\_\_

HAS POST REGISTERED A DELEGATE TO THE NATIONAL CONVENTION?  Yes  No

REGISTERED IN COMMUNITY ACTIVITIES:  Yes  No

DOES POST NEED ASSISTANCE FROM DEPARTMENT?  Yes  No

RECOMMENDED DONATIONS:

MANCHESTER V.A.	<input type="checkbox"/> Yes <input type="checkbox"/> No
WHITE RIVER V.A.	<input type="checkbox"/> Yes <input type="checkbox"/> No
NATIONAL HOME	<input type="checkbox"/> Yes <input type="checkbox"/> No
N.H. VETERANS HOME	<input type="checkbox"/> Yes <input type="checkbox"/> No
VMS	<input type="checkbox"/> Yes <input type="checkbox"/> No
CANCER AID	<input type="checkbox"/> Yes <input type="checkbox"/> No
VOICE OF DEMOCRACY	<input type="checkbox"/> Yes <input type="checkbox"/> No
PATRIOT'S PEN	<input type="checkbox"/> Yes <input type="checkbox"/> No
COMMANDER'S SPECIAL PROJECT	<input type="checkbox"/> Yes <input type="checkbox"/> No
TEACHERS AWARD	<input type="checkbox"/> Yes <input type="checkbox"/> No

MANCHESTER VA XMAS	<input type="checkbox"/> Yes <input type="checkbox"/> No
WHITE RIVER XMAS	<input type="checkbox"/> Yes <input type="checkbox"/> No
VETS HOME XMAS	<input type="checkbox"/> Yes <input type="checkbox"/> No
NURSING SCHOLARSHIP	<input type="checkbox"/> Yes <input type="checkbox"/> No
VETERANS RELIEF FUND	<input type="checkbox"/> Yes <input type="checkbox"/> No
WAYS AND MEANS	<input type="checkbox"/> Yes <input type="checkbox"/> No
SPECIAL OLYMPICS	<input type="checkbox"/> Yes <input type="checkbox"/> No
HOMELESS VETERANS	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMERGENCY DISASTER RELIEF	<input type="checkbox"/> Yes <input type="checkbox"/> No

THIS REPORT IS TO BE SUBMITTED TO YOUR DISTRICT COMMANDER AT YOUR NEXT DISTRICT MEETING. IF YOU ARE UNABLE TO ATTEND, PLEASE MAIL YOUR REPORT PRIOR TO THE DISTRICT MEETING TO YOUR DISTRICT COMMANDER.

DATE OF REPORT: \_\_\_\_\_

POST COMMANDER: \_\_\_\_\_