

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

**2019 2020
DISTRICT MEETING REPORT FORM
(Post Commander's Report Form for District Meetings)**

POST NAME: _____ POST NUMBER: _____

LOCATION: _____ DISTRICT _____

MEMBERS PAID FOR 2019 _____

TOTAL PAID TO DATE 2019: _____

TOTAL NEW MEMBERS: _____

TOTAL REINSTATED MEMBERS _____

LIFE MEMBERS (Number purchased this year) _____

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 2018-2019 (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: _____