



DISTRICT: AUXILIARY INSPECTION REPORT FORM

Date of Inspection: _____

AUXILIARY NAME: _____ NO _____ DISTRICT _____

LOCATION: _____
Address City Zip Code

Has the current installation report been mailed to Department and entered into Malta? Yes _____ No _____

If the office of President, Treasurer or Secretary has changed has the changed been reported to Department and National Headquarters? Yes _____ No _____

Does the Auxiliary hold monthly business meetings? Yes _____ No _____ When?

Average attendance at monthly business meetings _____

Are the meetings conducted according to the National Bylaws and Ritual? Yes _____ No _____

Are the current Bylaws and Ritual used during the meetings? Yes _____ No _____

Are the officers familiar with their duties? Yes _____ No _____

Membership to date _____ Previous year's membership as of June 30th, _____

Are the current Department General Orders from the President and her message read when received? Yes _____ No _____

Is the office of the Treasurer and President bonded? Yes _____ No _____ By Whom? _____ Exp.Date _____

Does the Secretary and Treasurer keep books according to our By-Laws? Yes _____ No _____

Does the Treasurer read her report as a part of the Order of Business? Yes _____ No _____

Is the Treasurer's report incorporated in the Secretary's minute book? Yes _____ No _____

Are the books of the Treasurer and Secretary audited according to the Bylaws? Yes _____ No _____

What is the date of the last audit? _____

Are the books signed by the trustees when audited? Yes _____ No _____

Is the quarterly audit read by the Trustees and voted on at the meeting? Yes _____ No _____

Is the audit report incorporated in the Secretary's minute book? Yes _____ No _____

Does Trustee #1 mail each quarterly audit to the Dept. Treasurer as required? Yes _____ No _____

Have all the chairman been appointed to correspond with the National and Department Programs? Yes _____ No _____

Is the Auxiliary participating? Yes _____ No _____

Do all the chairman fill out year-end report forms? Yes _____ No _____ (ask them if they do this)

Do all officers and chairman turn records and properties over to their successor? Yes _____ No _____

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

Inspector's Comments: _____

I certify that I have inspected this Auxiliary and find them to be in good working order.

Name of District President or Inspecting Officer Date of Inspection

***The Inspecting Officer, please be sure to sign the books of the Secretary and Treasurer!**

Copy to: Auxiliary President, District President, Department President, Department Chief of Staff