

DISTRICT— DIVISION COMMANDER VISITATION CHECK LIST

Date _____

Squadron # _____

Squadron/District Representative's Signature _____

District # _____

Division # _____

CSR Submitted Previous Year: Y / N

Commander _____ Phone # _____

Adjutant _____ Phone # _____

Last Year Total _____ Current Membership _____ % _____

Items Discussed

Follow Up Needed

Follow Up Completed y/n & Date _____

Signature _____

Name & Division/District: _____

