

MEMBERSHIP REPORT 2024 – 2025

**YOUR AUXILIARY IS ENCOURAGED TO REPORT AFTER EACH PROJECT'S COMPLETION.
ALL REPORTS MUST BE SUBMITTED BY MARCH 31, 2025.**

District #: _____ **Auxiliary #:** _____ **Auxiliary City:** _____ **Date Submitted:** _____
Submitted by: _____ **Phone and Email of submitter:** _____

#1. Did your Auxiliary participate in a recruiting event or Membership drive? Please add location of the event in the Description of your project.

Hours worked: _____ Dollars Spent: _____ Value of Goods/Services Donated: _____
Date of Activity: _____ # of Members Participating: _____ Description of project: _____

#2. Did your Auxiliary participate in Adopt a Member (paying Angel dues)? Yes _____ No _____

Hours worked: _____ Dollars Spent: _____ Value of Goods/Services Donated: _____
Date of Activity: _____ # of Members Participating: _____ Description of project: _____

#3. Did your Auxiliary receive any Annual to Life Membership converts? Yes _____ No _____

Please add number of convert to Life in the Description of project section.

Hours worked: _____ Dollars Spent: _____ Value of Goods/Services Donated: _____
Date of Activity: _____ # of Members Participating: _____ Description of project: _____

#4. Did your Auxiliary create your own Newsletter informing your members about dues and activities for the year, or did you use the pre-generated letter from MALTA? Please answer in the Description of project section.

Hours worked: _____ Dollars Spent: _____ Value of Goods/Services Donated: _____
Date of Activity: _____ # of Members Participating: _____ Description of project: _____

#5. When did your Auxiliary send out the first round of dues notices?

Hours worked: _____ Dollars Spent: _____ Value of Goods/Services Donated: _____
Date of Activity: _____ # of Members Participating: _____ Description of project: _____

Send this form to: David Huddleston, P O Box 571, Tribune KS 67879, or djh.service15@gmail.com

Send one copy to your District Chairman. Keep one copy for your Auxiliary files.