

Chapter Visit Report

Chapter Name & Number: _____

Date and Place of Meeting: _____

Names of Chapter Officers:

President: _____

VP: _____

Secretary: _____

Treasurer: _____

Membership Committee Chair: _____

Legislative Chair: _____

Newsletter: Yes _____ No _____ Frequency: _____

Regularly Scheduled Board Meetings: Yes ___ No ___ Monthly _____ Bi-monthly ____

Regularly Scheduled Meeting time and place: _____

Chapter Dues: \$ _____

Guest Speaker: Yes _____ No _____

Total Chapter Membership: _____ **Voting Members:** ____ **Members at the meeting:** ____

Questions for Federation:

Questions for NARFE Headquarters:

Comments: _____

Federation Official: _____