

REGION DIRECTOR VISITATION REPORT

This form to be completed and mailed/emailed within 15 days after visit to

1. State President-Elect
2. Local Chapter President
3. Assistant Region Director

A copy shall be retained in the Region files.

Region _____ Director _____

Local Chapter _____ Date of Visit _____

Current Membership _____ Attendance at meeting _____

1. Describe Meeting: _____

2. Are Local Chapter By-Laws up to date? _____ Does each member have a copy? _____

3. Does the Local Chapter include information and programs on:
_____ New Careerist _____ Career Recognition _____ Personal & Professional Development
_____ Equal Pay Day _____ Woman of the Year _____ Athena Society
_____ NY Women in Business Month

4. How does the Local Chapter use the State Legislative Platform and Advocacy Statement?

5. Is the Local Chapter active in: Region _____ State _____

6. Does the Local Chapter grant scholarships? _____

7. Does the Local Chapter have fundraisers? _____

8. Comments or Concerns: _____

