

COORDINATOR VISITATION REVIEW

Date of Visit _____ Your Name _____

Lodge Name and Number _____

Please Circle which Membership Campaigns are being displayed and used at the Lodge

International VMA In House

Did you review the AED Report with the Board of Officers YES NO

If YES, What was the date of the report _____

What was the VMA Total DUES RENEWAL % _____

What was the Lodges Total DUES RENEWAL % _____

What was the VMA EXPIRED % _____ DROPPED% _____

What was the LODGE EXPIRED% _____ DROPPED% _____

What is the LODGES MEMBERSHIP COMPARRISON TO LAST YEAR _____

IF THE LODGE HAS AN INTERNAL MEMBERSHIP CAMPAIGN, PLEASE SEND ME A COPY.

IN THE AREA BELOW, PLEASE PROVIDE COMMENTS ABOUT YOUR VISIT, TO INCLUDE, "WAS THE BOARD RECEPTIVE TO YOUR VISIT"
