

District President  
Unit Visitation Form

I, \_\_\_\_\_, District President of the  
\_\_\_\_\_ District, verify that I have checked the status of the following  
during a Unit visit.

Unit \_\_\_\_\_

1) IRS 990 N or other annual report for the \_\_\_\_\_ year.

Accepted \_\_\_\_\_ Rejected \_\_\_\_\_

2) Annual Corporation Report. Year of renewal \_\_\_\_\_

3) Constitution & Bylaws - Renewal date \_\_\_\_\_

4) Does the Unit have a permit from the Dept of Agriculture?

Yes No

5) Does the Unit have a Sales Tax Exemption Certificate? If yes, list

# \_\_\_\_\_ and expiration date \_\_\_\_\_

6) Does the Unit collect and remit sales tax to the State? Yes No

7) Is Unit a Test Unit for ALAMIS? Yes No

OVER

8) List any members who may be good leaders for future  
District/Department appointments and why.

9.) List Unit strengths

10.) List Unit challenges

SPECIAL NOTES to Department Leadership:

Mail this completed form to Department following each Unit visit.

\_\_\_\_\_ Signature of District President

Mail to PO Box 547917, Orlando FL 32854-7917