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