

Arkansas Moose Association

Lodge Visitation Report

PLEASE TYPE OR PRINT

Lodge Visited: _____ Number: _____ Date: _____

Purpose of Visit: _____

Lodge Officer & Title interviewing: _____ Membership Chairman: _____

Date of Last LCL Report: _____ Contained _____ new applications, _____ Former Apps.

Number of applications to report now: _____ Number of members on rolls now: _____

Next Preferred Member Party date: _____ Does Lodge need a speaker: _____

Is Preferred Member Listing Posted: _____ Is it up to date: _____ Number of Preferred Members: _____

Date of next Lodge Orientation: _____ Does Lodge need a speaker: _____

List current campaigns posted in lodge: _____

Are all alcohol servers properly trained? _____ Does the lodge need to schedule a training class _____

Are Payments due to MI current? _____ Sales tax paid (date) _____ Check# _____

Property taxes paid thru (date) _____ Check# _____

IRS payroll taxes paid thru (date) _____ Check# _____

Does the lodge accept credit cards for dues and social quarters purchases? _____ If NO, when do they plan on initiating the program? (date) _____ If NO explain why they are not _____

Last time this lodge was visited by State or International: _____ Who: _____

Please use this space for any comments or pertinent information regarding this visit. Use back if needed.

Signature: _____

Title: _____

Mail copy of this report to: State Secretary, State President and Regional Director