

PROGRAM: MEMBERSHIP
Unit Annual Narrative Report 2016-2017
Department of Wisconsin

Unit Number and Name _____ District _____

Unit City _____ Unit President's Name _____

Complete Address _____

Phone _____ Email _____

1. How many new "Honor Our Female Veterans" Memberships did your unit submit? _____

2. Did your unit provide "New Member Packets"? Yes No

3. Did your unit reach out to former members and ask them to rejoin? Yes No

4. Did your unit attract New Members? Yes No

If so, how many new members joined this year? _____

If so, how did your unit attract these new members? (continue on back if necessary)

5. Does your unit have a success story to share? (continue on back if necessary)

Please list any Membership activities, events and projects your Unit was involved in

(continue on the back or add a separate piece of paper if necessary).

Please Complete and Return by APRIL 14, 2017 to:

American Legion Auxiliary, Dept of Wisconsin
PO Box 140, Portage, WI 53901-0140