



Membership

District # _____ District Chairman _____ Total # of Members _____ Srs _____ Jrs

Phone # _____ Email: _____

of Units with Activity _____ # of Units with No Activity _____ # of Units that did not report _____

- 1) What is your current District Membership percentage? _____
2) How many Units in your District made 100% Goal by November 11, 2023? _____
3) Have any Units qualified for the 10 plus 3 Award? Yes _____ How Many _____ No _____
4) Give examples what your District is doing to Recruit and Rejoin members:

5) How many male members have joined your District since July 1, 2023? _____

6) Give examples of what your District has done to increase your membership this year:

7) Briefly describe your District's plan to make goal in 2024?

Please attach a supplemental report describing your District's success stories in working the Membership Program. Please include pictures on a separate sheet at the end of your report. All pictures must be submitted in either .jpg or .pdf format.

Department Membership Chairman- Suzanne Winters
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