

American Legion Auxiliary
Department of California
District End of Year Report for 2024-2025
Due to Department Chairman May 1, 2025

## Membership

District # District Chairma	n	Total # of Members	Srs	Jrs
Phone #	Email:			
# of Units with Activity# o	f Units with No Activity _	# of Units that did r	not report	
1) What is your current District	Membership percentag	je?	_	
2) How many Units in your Dist	rict made 100% Goal b	y November 11, 2024?		
3) Have any Units qualified for	the 10 plus 3 Award? Y	es How Many	No	
4) Give examples what your Dis	strict is doing to Recrui	t and Rejoin members:		
5) How many male members ha	ave joined your District	since July 1, 2024?		
6) Give examples of what your	District has done to inc	rease your membership	this year:	
7) Briefly describe your District'	s plan to make goal in	2025?		

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.

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