

# EXTENSION & REVITALZTION

## Report Form

Chief of Staff- Sonja Lambert

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AUXILIARY NAME: \_\_\_\_\_ AUXILIARY # \_\_\_\_\_

\_\_\_\_\_ December 1, 2023

\_\_\_\_\_ April 1, 2024

\_\_\_\_\_ End of Year

Did you use any resource material on the National Website?

\_\_\_\_\_ YES    \_\_\_\_\_ NO

Did you contact the Chief of Staff for any of the following:

Help \_\_\_\_\_

Guidance \_\_\_\_\_

Suggestions \_\_\_\_\_

How many Good Job Awards did you present to your members?

\_\_\_\_\_

\_\_\_\_\_  
Auxiliary Chairman

\_\_\_\_\_  
Date