

EXTENSION & REVITALIZATION

December 1, 2024 _____

April 1, 2025 _____

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District # _____
Aux # _____
Aux Name _____
Number of Members as of
June 30, 2024 _____

1. Did your Auxiliary/District hold a SOI (School of Instruction)?

Yes _____ No _____ How many members attended _____

Please give a brief description of what was covered.

2. Did your Auxiliary utilize any of the Extension & Revitalization resources/tools that are available in Malta Member Resources?

Yes _____ No _____

Please give an example.

3. Did your Auxiliary utilize the Department Chief of Staff for help, suggestions and mentoring for any issue obtaining to Auxiliary or Members. Yes _____ No _____

Were they mentored? Yes _____ No _____

4. Did your Auxiliary gain any new members, if so how many? _____

Auxiliary Chairman _____

Address: _____

City, State & Zip: _____

Phone: _____ Email: _____

Use another paper if needed.