

Lambda State Visitor's Report of Chapter Visit

Visitor's Name _____ Chapter _____ # _____
Date of Visit _____ Place _____
Program (if applicable) _____ Yearbook Current (_____ Yes/No)
Attendance _____ Number of Chapter Members _____

Lambda State Strategic Action Plan for Renewal

Area I: Membership

Membership Successes:

Chapter questions/concerns:

Suggestions:

Area II: Communications and Publicity

Communications and Publicity Successes:

Chapter questions/concerns:

Suggestions:

Area III: Educational Excellence

Educational Excellence Successes:

Chapter questions/concerns:

Suggestions:

Area IV: Resource Development

Resource Development Successes:

Chapter questions/concerns:

Suggestions:

Committees reporting at meeting (list):

Specific information requests sent to visitor prior to visit (list):

Information shared by visitor during visit:

Send to: State President, State Visitation Chair, Chapter President, State Visitor's File
Visitor: Prior to distributing this report to the State President, State Visitation Chair and State Visitor's File, please attach a copy of the Chapter Goals/Focus Related to the Lambda State Strategic Action Plan for Renewal checklist that was completed by the chapter.