



LAY FRATERNITIES OF ST. DOMINIC
PROVINCE OF ST. JOSEPH

REGION CHAPTER VISITATION REPORT

Region #: _____ Chapter: _____ Location: _____

Date: _____ President: _____ Present? Yes No

If "No", meeting conducted by: Name: _____ Title: _____

Religious Assistant Name: _____ Present? Yes No

Total Number of Members: _____ Active: _____ Excused: _____ Inactive: _____ Temp: _____ Novices: _____ Postulants: _____

Total Number Present at this Meeting: _____

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PROCEEDINGS: (Briefly describe general format of meeting) _____

PRAYER: _____

Are members proficient in praying the Liturgy of the Hours? Yes No

APOSTOLATE: Denotes the specific activity undertaken by Dominican entities as a whole, or members as individuals, to fulfill the priorities of the Order.

Chapter Apostolate(s): _____

Member(s) Apostolate(s): _____

STUDY: (Briefly describe general format, facilitator, and topic(s))

Postulancy: _____

Novitiate: _____

Temporary Promised: _____

Final Promised: _____

COMMUNITY: (Briefly describe activities) _____

BUSINESS ITEMS DISCUSSED: _____

RECORDS: Are members' records properly retained and updated? Yes No
Who is custodian? _____ Is there a designated storage area? Yes No
Does Secretary have current names/addresses of Region/Province officials to submit Minutes? Yes No
Are Chapter Minutes sent to Region/Province on monthly basis? Yes No
Are Chapter forms (e.g. Transfer Form; Election Form; etc.) submitted in a timely fashion? Yes No
Was an updated Membership Listing submitted for current fiscal year? Yes No

FINANCES: Does Chapter have its own bank account? Yes No Chapter account balance: \$ _____
Chapter dues? Yes No Amount: \$ _____ Method (e.g. set amt., "pass the basket", etc.): _____
Total Number of Members Dues Paid for Current Fiscal Year: Region _____ Province _____
Total Number of "Hardship" members: _____ Is Chapter able to help "hardship(s)" in paying dues? Yes No

COUNCIL: Does the Chapter have a Council? Yes No Number on Council: _____
Number elected: _____ Number appointed: _____ Title(s) of Appointed: _____
Regular elections: Yes No If "No", state reason: _____
Regular meetings: Yes No If "No", state reason: _____

Members' Request(s) of Region: _____
Members' Request(s) of Province: _____
Members' Request(s) of Provincial Promoter: _____

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Comments & Notes: _____

Submitted by: _____ Title: _____ Date: _____