

MONTHLY REPORT of DEPUTY to BRANCH _____

Deputy Name: _____	Meeting Date: _____
Total Members: _____	Members Present: _____
Chaplain Present: Y N	New Applications: _____
Officers Absent: _____	Guests Present: _____
Officers Excused: _____	Altar Properly Prepared: Y N

Correspondence from Central Council:

Apostolate Charity done this month:

Upcoming Branch activities:

Deputy spoke on the following ICF programs:

Recommendations/Comments for Positive Improvement:

NOTE: Report any problems to the District Deputy as they arise. This report should be submitted monthly even if the Deputy cannot attend the meeting. Please send a copy to the Branch President.

DISTRICT DEPUTY QUARTERLY SUMMARY REPORT

Italian Catholic Federation
675 Hegenberger Road, Suite 230
Oakland, California 94621
510-633-9058 510-633-9758 (fax)

District DeputyName_____ **District:**_____

Date: _____

How Many Branches In Your District? _____

How Many Branches Without A Deputy? _____

Summarize any problems in a branch that need immediate attention.

When is Annual Deputy Workshop scheduled?

What specific areas do your deputies want addressed?

What branches have you visited in this past quarter?

Please Give Your Suggestions And Ideas Regarding The Deputy Program:

Note: All deputy reports should be sent to you monthly. You in turn will summarize the branch deputy reports on this Quarterly Report and mail to the ICF Office.

REQUEST FOR BRANCH DEPUTY APPOINTMENT

Italian Catholic Federation

675 Hegenberger Road, Suite 230

Oakland, California 94621

510-633-9058

510-633-9758 (fax)

Name: _____ Phone No. _____

Address: _____ Branch No. _____

City: _____ State: _____ Zip: _____

He/She should be appointed to Branch #: _____

He/She is replacing _____

Address: _____ City: _____

State: _____ Zip: _____

Reason For Change: _____

Appointment Should Take Effect: _____

District Deputy: _____ Date: _____
(signature)

For ICF Office Use Only

update foxpro _____ *certificate* _____ *appt ltr* _____ *cert ltr* _____