High Springs Council 13037

Monthly Fraternal Activity Individual Member worksheet Month _____ Year _____

Member Name _____ Signature _____

Date	Visits/Hours	Code	Description

Code Categories

A = Sick - Caring for the sick /nursing homes / hospitals - number of visits
B = Bereaved - visits of condolonce - number of visits
C = Blood donation, number of times donated
D = Church activities – hours
E = Community Activities – hours
F = Youth Activities – hours
G = Miscellaneous Activities – hours
H = Sick/Disabled members and their families - chores, transport, etc. - hours