

**STATE COUNCIL
CABRILLO CIVIC CLUBS OF CALIFORNIA, INC.**

SUBORDINATE CLUB REPORT

(Please submit in triplicate)

Subordinate Club Name & Number _____

Report of Activities Covering the Months of: _____ Year _____

Jan/Feb/Mar _____ Apr/May/June/July/Aug/Sep _____ Oct/Nov/Dec _____

AMERICANIZATION

Chairperson: _____

Number of Naturalization Ceremonies & Programs Attended: _____

How does the club publicize Americanization: _____

Number of Members who volunteer in patriotic and veteran organizations: _____

How does the club celebrate patriotic events: _____

CIVIC AFFAIRS

Chairperson: _____

Volunteer Hours (Hours Only): _____

Monetary Donations (Amount of Money Only): \$ _____

SCHOLARSHIP

Chairperson: _____

Number of Schools Receiving Applications: _____

Number of Schools Visited: _____

Amount of Money for Scholarship(s): Regular \$ _____ Memorial \$ _____

MEMBERSHIP

Current Year to Date:

Active Paid _____ Affiliate Paid(25% Limit)_____ PSP _____ Total _____

Honorary _____ Student _____

Last Year Same Date:

Active Paid _____ Affiliate Paid(25% Limit)_____ PSP _____ Total _____

Honorary _____ Student _____

BANK BALANCE

Checking \$ _____ Savings \$ _____ Scholarship \$ _____

Long-Term Savings \$ _____

SUGGESTIONS: (Subordinate Club to State Council)

Respectfully Submitted:

State Director
Revised April, 2018