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**Minnesota Women of Today ©**

**Staff Monthly Report**

**Online form responses are available to the State President. If completing a paper copy, it should be mailed to the State President postmarked by the first day of each month.**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activities:** (correspondence made, articles in newsletter, programs promoted, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Meeting** | **Date** | **Location** | **Purpose** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Travel:** (meetings attended this month where you promoted your area.)

**Upcoming Activities:** (what are your planned activities for the next month?)

**Problems or Difficulties:** (please identify any problems, issues or difficulties you are having with those you supervise, programming areas, chapters, etc.)

**Other Comments, Concerns, Requests or any assistance needed:**