

Monthly Checklist for Bethels in Reorganization

Bethel # _____

Month/Year: _____

Bethel Meetings

Date: _____

Meeting in Bethel Room: Yes No

If No, where was meeting held: _____

of Members: _____

of Council: _____

Robed Meeting Business Meeting

Date: _____

Meeting in Bethel Room: Yes No

If No, where was meeting held: _____

of Members: _____

of Council: _____

Robed Meeting Business Meeting

Other Activities (community service, fundraisers, etc.)

Fun Activities

Bethel Activity (Members Only)

Date: _____

of Members: _____

Description of Activity:

Bethel Activity (with Friends)

Date: _____

of Members: _____

of Prospects: _____

Description of Activity:

BETHEL VISITATIONS

Date/Bethel _____

of Members _____

Date/Bethel _____

of Members _____

Date/Bethel _____

of Members _____