

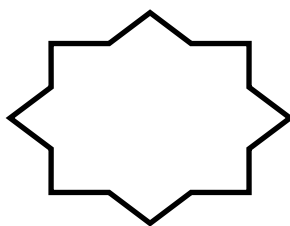


District Deputy Survey



DDGHP _____ District _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Did your District Deputy make an annual visit to your chapter? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____ | | |
| 3. Does your District Deputy ensure that your Chapter follows and obeys all Edicts, Directives, and the Constitution? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. _____ | | |
| 5. Did your District Deputy ask if your Chapter have any questions or concerns that the Grand Chapter needs to address? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your District Deputy contact you on a regular basis to see how the Chapter is doing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. What do you think your District Deputy can do to make your Chapter and District better? | | |
| <hr/> | | |
| 8. What do you think the Grand Chapter can do to make your Chapter and District better? | | |
| <hr/> | | |



Attested

_____ Recorder

_____ High Priest