

Hospital report

Month _____ Post name _____ Post # _____
Chairman _____ Address _____

Details of report:

Cost:

\$ _____

Member _____ Hours _____
Member _____ Hours _____
Member _____ Hours _____

Non-Members _____ Hours

Sign _____

Send to : Victoria Jensen, 7900 Kathryn Ave. SE, Albuquerque, NM 87108 or

vjensen27@gmail.com