

## **Annual Chapter Audit**

(Year ending September 30, \_\_\_\_\_)

Chapter No.	
City/State	
Date	
Financial records for the above chapter have been audited and found	d to be correct.
Auditing Committee:	
President	
Vice President	
Member of the Auditing Committee	
(Each member of the Auditing Committee is to personally sign this form.)	
A copy of the chapter's last bank statement must accompany this annual audit form.	

Woman's Life Insurance Society® A Fraternal Benefit Society
1338 Military Street PO Box 5020 Port Huron Michigan 48061-5020
800.521.9292 810.985.5191 www.womanslife.org

Comments: