

INPUT INTO MALTA OR MAIL TO VFW AUXILIARY NATIONAL HEADQUARTERS BY JUNE 30, 2022

2022-2023 Installation Report for Auxiliaries and/or Districts

This will certify that _____ is authorized and empowered to install the Officers of _____

(Name of Installing Officer with: Past Auxiliary President or held higher elective Auxiliary office; Past Post Commander or higher elective office)

Auxiliary to Post No. _____ in District No. _____ located at _____ in accordance with Section 806A of the Bylaws and Ritual of the Veterans of Foreign Wars of the United States Auxiliary or the installation shall be null and void until such time as the Bylaws are complied with.

Signature of Department Secretary

Signature of Department President

The following information about the Auxiliary's meetings is required:

Date of Installation: _____ Continuous Annual Dues Per Member: \$ _____

Meeting Date: 1st ____ 2nd ____ 3rd ____ 4th ____ Last ____ (select Date)

Meeting Day: Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____ Sat. ____ Sun. ____ (select Day)

Meeting Time: _____ A.M. ____ P.M. ____ (select A.M. or P.M.)

Meeting Place: _____

Meeting Street Address: _____ Meeting City: _____ Meeting State and ZIP: _____, _____

Phone No. of Meeting Place: (____) _____ **Please note offices/positions denoted with an asterik (*) listed below are REQUIRED.**

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|-------------------|---------------|---------------|------------|-----------|---------------|
| President* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---------------------------------------|
| Mailing Address | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | Home Cell Work |

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|-------------------------------|---------------|---------------|------------|-----------|---------------|
| Senior-Vice President* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---------------------------------------|
| Mailing Address | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | Home Cell Work |

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| Junior-Vice President* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---------------------------------------|
| Mailing Address | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | Home Cell Work |

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| | | | | | |
|-------------------|---------------|---------------|------------|-----------|---------------|
| Secretary* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---------------------------------------|
| Mailing Address | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | Home Cell Work |

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|-------------------|---------------|---------------|------------|-----------|---------------|
| Treasurer* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---------------------------------------|
| Mailing Address | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | Home Cell Work |

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|-----------------------|---------------|---------------|------------|-----------|---------------|
| Trustee No. 3* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---------------------------------------|
| Mailing Address | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | Home Cell Work |

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| Trustee No. 2* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---------------------------------------|
| Mailing Address | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | Home Cell Work |

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| Trustee No. 1* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---------------------------------------|
| Mailing Address | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | Home Cell Work |

The Installing Officer certifies that he/she is a Past Auxiliary President or held higher elective Auxiliary office; or he/she is a Past Post Commander or held higher elective Post office; and all Bylaws and Regulations have been complied with according to National and Department Headquarters.

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|---------------------------------|-----------------------------|------|
| Signature of Installing Officer | Title of Installing Officer | Date |
|---------------------------------|-----------------------------|------|