## INPUT INTO MALTA OR MAIL TO DEPARTMENT SECRETARY BY JUNE 30th

## 20\_--20\_ Installation Report for Auxiliaries/Districts (short form)

This will certify that									
Auxiliary to Post No the Bylaws and Ritual of the Bylaws are complied	f the Veterans of Foreig	locate	d at		in a	ccorda	nce with Section 8		
Signatu	re of <b>Department</b> Seci	retary		Signatu	ure of <b>Department</b>	Preside	ent		
The following information Date of Installation: Meeting Date: 1st Meeting Day: Mon Meeting Time:	2nd 3rd 4th _ _ Tues Wed A.M P.M	Continuous Ar Last (s Thurs Fri (select A.M. or P.M	nnual Dues P elect Date) Sat						
Meeting Place: Meeting Street Address: _ Phone No. of Meeting Pla		Meetir			-				
President*	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address		
Mailing Address		City	,	State	Zip Code	Primar	y Phone Number ( Home	Home/Ce Cell	ll/Work) Work
Senior-Vice President*	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address		
Mailing Address		City		State	Zip Code	Primary Phone Number (Home, Home Cel		Home/Ce Cell	ll/Work) Work
Junior-Vice President*	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address		
Mailing Address		City		State	Zip Code	Primar	<b>y Phone Number</b> ( Home	Home/Ce Cell	ll/Work) Work

## INPUT INTO MALTA OR MAIL TO DEPARTMENT SECRETARY BY JUNE 30th

## 20\_\_-20\_ Installation Report for Auxiliaries/Districts (short form)

Secretary*	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address			
Mailing Address		City		State	Zip Code Primar		ary Phone Number (Home/Cell/Work)			
							Home	Cell	Work	
Treasurer*	Member ID No.	Auxiliary No. First Name			Last Name		Email Address			
Mailing Address		City		State	Zip Code Prima		ary Phone Number (Home/Cell/Work)			
							Home	Cell	Work	
Trustee No. 3*	Member ID No.	Auxiliary No. First Name			Last Name		Email Address			
mustee No. 5										
Mailing Address		City		State	Zip Code	Primar	nary Phone Number (Home/Cell/Wor			
							-			
							Home	Cell	Work	
							Home	Cell	Work	
Trustee No. 2*	Member ID No.	Auxiliary No.	First Name		Last Name		Home Email Address	Cell	Work	
Trustee No. 2*	Member ID No.	Auxiliary No.	First Name		Last Name		1	Cell	Work	
Trustee No. 2* Mailing Address	Member ID No.	Auxiliary No.	First Name	State	Last Name Zip Code	Primar	1			
	Member ID No.		First Name	1		Primar	Email Address			
Mailing Address		City		State	Zip Code	Primar	Email Address y Phone Number (H Home	Home/Ce	II/Work)	
	Member ID No.		First Name	State		Primar	Email Address y Phone Number (F	Home/Ce	II/Work)	
Mailing Address Trustee No. 1*		City Auxiliary No.		State	Zip Code Last Name		Email Address y Phone Number (H Home Email Address	Home/Ce Cell	ll/Work) Work	
Mailing Address		City		State	Zip Code		Email Address y Phone Number (H Home	Home/Ce Cell	ll/Work) 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.