

UNWAVERING SUPPORT



FOR UNCOMMON HEROES™

# VETERANS OF FOREIGN WARS AUXILIARY

March 19, 2024

Dear Madam Secretary,

This information is being provided to you to impress upon you the importance of completing the Warrant of Installation immediately following your installation of Officers for the 2024-2025 Auxiliary year.

You may go to MALTA and enter the information yourself or, you may send the completed form to the Department Headquarters Office and I will happily enter the information for you. The report is to be filled out with all information on the members and their position including address, phone number, and Auxiliary member ID #number. Information being requested is for

President	Sr. Vice President	Jr. Vice President
Secretary	Treasurer	Chaplain
Conductor	Guard	Trustee #3
Trustee #2	Trustee #1	

**\*\*If you as Auxiliary Secretary enter the information into MALTA, we still need you to mail a hard copy to our Department Office to be kept on file and it will be used to create the Department Roster.**

Respectfully,

*Sandi Onstwedder*

Sandi Onstwedder-Dept. of Michigan VFW Auxiliary Secretary 2023-2024

UNWAVERING SUPPORT FOR UNCOMMON HEROES™

VFW AUXILIARY TO DEPARTMENT OF MICHIGAN • 924 N. WASHINGTON AVENUE • LANSING, MICHIGAN 48906

# INPUT INTO MALTA OR MAIL TO VFW AUXILIARY NATIONAL HEADQUARTERS BY JUNE 30, 2024

## 2024-2025 Installation Report for Auxiliaries/Districts (long form)

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-B 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 compiled 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 asterisk (\*) listed below are **REQUIRED**.

<b>President*</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
	Mailing Address				
<b>Senior-Vice President*</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
	Mailing Address				
<b>Junior-Vice President*</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
	Mailing Address				
Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

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Secretary*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address		
Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)			
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Treasurer*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address		
Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)			
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Trustee No. 3*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address		
Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)			
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Trustee No. 2*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address		
Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)			
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Trustee No. 1*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address		
Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)			
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			

**INPUT INTO MALTA OR MAIL TO VFW AUXILIARY NATIONAL HEADQUARTERS BY JUNE 30,  
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<b>Chaplain</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
	Mailing Address				
<b>Conductor</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
	Mailing Address				
<b>Guard</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
	Mailing Address				
<b>Patriotic Instructor</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
	Mailing Address				
<b>Historian</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
	Mailing Address				
<b>Member</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
	Mailing Address				
Primary Phone Number (Home/Cell/Work) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work					

**MICHIGAN DEPARTMENT VFW AUXILIARY**  
**924 N Washington Ave**  
**Lansing, MI 48906**  
**(517) 487-3715**

**NOTICE TO: District and Auxiliary Presidents**

In keeping with the custom of the past, we will be presenting a LOVE Gift to our Department President, **Sara Manke**, at this year's Department Convention. We invite you to participate in this donation at the time of our Flag Presentation on Saturday morning.

If you wish to donate, you may do one of the following:

1. Bring Love Gift with you to Department Convention and present to her during the Flag Presentation, or
2. You may send your Love Gift to the Department Office and **Sr. Vice President Jane Dady** will be honored to present it to President Diana on your behalf. **We must receive your Love Gift by Friday, May 23.**

Let's show our Department President Sara, that the members of this Department truly appreciate all her hard work and dedication for a year well served.

Sincerely,

**Sandi Onstwedder**

Department Secretary

*Please tear here and enclose in your envelope and send to the  
Department Office at the address listed above.*

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**MAKE CHECKS PAYABLE TO: Sara Manke**

Auxiliary # \_\_\_\_\_ District # \_\_\_\_\_

President's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# **FLAG PRESENTATION LINE UP FOR DEPARTMENT CONVENTION 2024**

**Districts please bring your American Flags and Banners**

**Line up as follows:**

- 1. Department with Sr. Vice President Jane Dady**
- 2. District 7**
- 3. District 11**
- 4. District 5**
- 5. District 9**
- 6. District 6**
- 7. District 4**
- 8. District 8**
- 9. District 10**
- 10. District 12**
- 11. District 13**
- 12. District 14**
- 13. District 15**

**If you have any questions, please contact:**

**Roberta Reid, Patriotic Instructor**

**[flagsreid@gmail.com](mailto:flagsreid@gmail.com) 810-656-7725**

**COPY**

# Michigan Department VFW Auxiliary Appointed Chairmen 2024-2025

District # \_\_\_\_\_ Auxiliary # \_\_\_\_\_

Keep one copy of this form for the Auxiliary President and send a copy to your District President and the Department Office following installation of officers.

<b>AMERICANISM/PATRIOTIC INSTRUCTOR</b>	
Chairman	Phone:
Address	Email:
<b>BUDDY POPPY / NATIONAL HOME</b>	
Chairman	Phone:
Address	Email:
<b>AUXILIARY COMMUNITY OUTREACH</b>	
Chairman	Phone:
Address	Email:
<b>HOSPITAL</b>	
Chairman	Phone:
Address	Email:
<b>LEGISLATIVE</b>	
Chairman	Phone:
Address	Email:
<b>MEDIA RELATIONS</b>	
Chairman	Phone:
Address	Email:
<b>MEMBERSHIP</b>	
Chairman	Phone:
Address	Email:
<b>SCHOLARSHIPS</b>	
Chairman	Phone:
Address	Email:
<b>VETERANS &amp; FAMILY SUPPORT</b>	
Chairman	Phone:
Address	Email:
<b>YOUTH ACTIVITIES / CAMP TROTTER</b>	
Chairman	Phone:
Address	Email: