

MICHIGAN DEPARTMENT VFW AUXILIARY

District # _____

Auxiliary # _____

Date _____

President _____

Phone (____) _____

Address _____

City _____

Zip _____

Email _____

Sr. Vice President _____

Phone (____) _____

Address _____

City _____

Zip _____

Email _____

Jr. Vice President _____

Phone (____) _____

Address _____

City _____

Zip _____

Email _____

Secretary _____

Phone (____) _____

Address _____

City _____

Zip _____

Email _____

Treasurer _____

Phone (____) _____

Address _____

City _____

Zip _____

Email _____

Chaplain _____

Phone (____) _____

Address _____

City _____

Zip _____

Email _____

Conductress _____

Phone (____) _____

Address _____

City _____

Zip _____

Email _____

Guard _____

Phone (____) _____

Address _____

City _____

Zip _____

Email _____

1 Year Trustee _____

Phone (____) _____

Address _____

City _____ Zip _____

2 Year Trustee _____

Phone (____) _____

Address _____

City _____ Zip _____

3 Year Trustee _____

Phone (____) _____

Address _____

City _____ Zip _____

Keep one copy of form for the Auxiliary President, send a copy to your District President and one to the Department Office.