

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.

*Sandra S. Gustafsson*

Signature of Department Secretary

*Sam Mank*

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
<b>Mailing Address</b>	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<b>Senior-Vice President*</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
<b>Mailing Address</b>	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<b>Junior-Vice President*</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
<b>Mailing Address</b>	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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<b>Secretary*</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
<b>Mailing Address</b>	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<b>Treasurer*</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
<b>Mailing Address</b>	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<b>Trustee No. 3*</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
<b>Mailing Address</b>	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<b>Trustee No. 2*</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
<b>Mailing Address</b>	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<b>Trustee No. 1*</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
<b>Mailing Address</b>	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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2024 2024-2025 Installation Report for Auxiliaries/Districts (long form)

Chaplain	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	

Conductor	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	

Guard	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	

Patriotic Instructor	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	

Historian	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	

<del>Chaplain</del>	<del>City</del>	<del>State</del>	<del>Zip Code</del>	<del>Primary Phone Number (Home/Cell/Work)</del>	
				<del><input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work</del>	

<del>Mailing Address</del>	<del>City</del>	<del>State</del>	<del>Zip Code</del>	<del>Primary Phone Number (Home/Cell/Work)</del>	
				<del><input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work</del>	