## Membership Reporting Form 2023 -2024

1. Did your Auxiliary utilize any in MALTA Member Resourc		ership material/resources available N
		Application
	d/or VFW Auxil N	st or co-hosted with your VFW Post liary education and Membership Date <u>:</u>
<ol> <li>Did your Auxiliary regularly of Membership?</li> <li>Insurance Plan Y</li> <li>Travel Benefits Y</li> <li>Cancer Grants Y</li> <li>Hearing Plan Y</li> </ol>	N NN	Date: Date:
<ol> <li>Did your Auxiliary educate y Program Awards? Y Name of Program:</li> </ol>	N	
5. Number of Auxiliary Member level? #		bated in any recruiting event on any
6. Did your auxiliary recruit at Date:		member? Y N
Auxiliary	District	Group
Chairman		Phone
Email:		
President:		
President Email		
		ghland Forest Dr. Columbia SC 29203

Cell: (803) 586-2662 mykids.ask120@gmail.com