VFW AUXILIARY CREDENTIAL FORM

AUXILIARY NUMBER _____ DISTRICT NO. _____ JUNE 21-23, 2025

One (1) Delegate and one (1) Alternate for each thirty (30) Members and fraction thereof

			Delegates		Fraction	Grand Total
CURRENT MEMBERSHIP	_____	divide by 30 =	_____	+	_____	____

	Membership			Delegates		Fraction	Total	Amount
Example	65	divide by 30 :	2.17	2	+	1	3	$6.00
Example	120	divide by 30 :	4.00	4	+	0	4	$8.00

$2 EACH PER PRESIDENT, DELEGATE, PAST DEPARTMENT PRESIDENT & STATE OFFICERS

	DELEGATE NAMES	AMOUNT $2 EA		ALTERNATE NAMES
PRESIDENT				
1			1	
2			2	
3			3	
4			4	
5			5	
6			6	
7			7	
8			8	
9			9	
10			10	
11			11	
12			12	
PAST DEPT PRESIDENT				
STATE OFFICER			TITLE	

MAKE CHECK PAYABLE TO:
VFW AUXILIARY DEPT OF SC

Complete and return to:
Sharen Peterson
3253 Kendallock Circle
Ladson, SC 29456
treasvfwauxsc@gmail.com

Check No.
Amt. Paid _____

Approved:
Initials _____

Signed:
Title: Auxiliary President _____ Auxiliary Secretary _____

e-mail confirmation