VFW Auxiliary, Department of South Carolina
AUXILIARY OFFICIAL VISIT REPORT FORM
2026-2027

DATE OF VISIT:_____**AUX. NO.**_____**DISTRICT NO.**_____

AUXILIARY NAME _____

LOCATION:_____
(Address) **(City)** **(State & Zip)**

1. Does the Auxiliary have current copies of the National Bylaws and Booklet of Instruction? _____
2. Does the Auxiliary have current copies of the Department Bylaws and Standing Rules? _____
3. Does the Auxiliary have Bylaws and/or Standing Rules? _____ Are they available to members? _____
4. Number of dues paid as of this visit?_____Membership as of June 30, _____? _____
5. If the office of President, Secretary or Treasurer has changed, has change been reported to Department Secretary?
   Yes No

Office	Name	Address	Phone	Email	Member ID

6. Does this VFW Auxiliary hold monthly business meeting? Yes _____ No _____

   When? _____
7. Average attendance at monthly business meetings_____Number of members in attendance at this meeting _____
8. In what way does the Auxiliary meet the needs of their community?

THE OFFICE OF PRESIDENT:

9. Is the Office of President bonded? Yes _____ No _____ by whom?_____Exp. Date_____
10. Was there an agenda prepared? Yes _____ No _____ Was it handed out to the members prior to the meeting Yes_____ No_____
11. What is the year of the Podium Edition? _____
12. Does the Auxiliary have a current copy of "Building on the VFW Auxiliary Foundation" available? _____

THE OFFICE OF SECRETARY:

13. Are the Secretary's books kept according to the Booklet of Instructions? Yes _____ No _____
14. Is the Treasurer's detailed report incorporated in the Secretary's minute book? Yes _____ No _____
15. Is the audit report incorporated in the Secretary's minute book? Yes _____ No _____
16. Are the books of the Secretary audited according to the Bylaws and signed by the Trustees? Yes _____ No _____
17. Does the Secretary have computer access to complete all duties of the office? Yes _____ No _____

18. Does the Secretary use MALTA to complete duties of the office? Yes _____ No _____

THE OFFICE OF TREASURER/TRUSTEE:

19. Is the Office of Treasurer bonded? Yes _____ No _____ By whom?_____Exp. Date_____
20. Are the Treasurer's books kept according to the Booklet of Instructions? Yes _____ No _____
21. Date of last Audit_____
22. Are all funds audited (i.e. Kitchen, Bingo, etc.)? Yes _____ No _____
23. Are all books signed by the Trustees performing the audit? Yes _____ No _____
24. Are the audits signed by the Trustees performing the audit? Yes _____ No _____
25. Is the Treasurer's Report presented in accordance with the vote of the Auxiliary? Yes _____ No _____
26. Is the quarterly audit read by the Trustees and acted upon at the meeting? Yes _____ No _____
27. Are the quarterly audits mailed each quarter to the Department Treasurer as required? Yes _____ No _____
28. Has the 990N or other tax form been filed with the IRS? Yes _____ No _____ Date Filed_____;

    Date copy of form sent to Department Treasurer_____
29. Does the Treasurer have computer access to complete all duties of the office? Yes _____ No _____
30. Does the Treasurer use MALTA to complete duties of the office? Yes _____ No _____

PERTAINING TO PROGRAMS:

31. Have Chairmen been appointed to promote the National and Department Programs? Yes _____ No _____

    If not – why?

Instructions to District President/Visiting Officer:

(2) A copy is also sent to the Department President and Department Chief of Staff (this can be done via e-mail)
(3) You should keep a copy for your files.

_____ _____

Signature of District President/Assigned Officer Signature of Auxiliary President

District Presidents Only – This does NOT go to the Auxiliary ONLY submit to Department President

Do you consider this Auxiliary to be in good working order? Yes_____No_____(If No, date of follow-up) _____
Your Comments, Matters of Concerns, etc.:

Do you have suggestions for the Auxiliary President on conducting and coordination of business in the Auxiliary?

Please give honest, unbiased answers to the above questions. You may use the back as necessary.

_____
Signature of District President/Assigned Officer

Date:_____