

## Membership Reporting Form 2024 -2025

1. What method did your Auxiliary use to collect Annual Dues; {#'s}

Phone Calls: \_\_\_\_\_ E-Mails: \_\_\_\_\_ Letters/Postcards: \_\_\_\_\_

Face to Face Conversations: \_\_\_\_\_ Social Media: \_\_\_\_\_ Other: \_\_\_\_\_

2. Number of dues reminder notices generated by MALTA: \_\_\_\_\_

3. # of Members Recruited: New: \_\_\_\_\_ Rejoin: \_\_\_\_\_

Life \_\_\_\_\_ Transfer \_\_\_\_\_

Chairman Name (Print)	Auxiliary#	District#	Group#
Address: _____			
Chairman {Print}	City	State	Zip Code
E Mail: _____		Phone# _____	
Chairman {Print}			
Auxiliary President (Print)	Phone# _____		
	Auxiliary President		

Chairman: Audrey Smith  
523 South Highland Forest Drive  
Columbia South Carolina 29203

(C) 803-586-2662  
(H) 803-786-1630  
E Mail: [mykids.ask120@gmail.com](mailto:mykids.ask120@gmail.com)