INPUT INTO MALTA OR MAIL TO VFW AUXILIARY NATIONAL HEADQUARTERS BY JUNE 30, 2022

2022-2023 Installation Report for Auxiliaries and/or Districts

	at is authorizied 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 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 complied with. Signature of Department Secretary Signature of Department President The following information about the Auxilary's meetings is required: Date of Installation: Continuous Annual Dues Per Member: \$ Meeting Date: 1st 2nd 3rd 4th Last (select Date)									
Meeting Day: Mon Meeting Time: Meeting Place: Meeting Street Address:	Tues. Wed. A.M. P.M.	Thurs Fri (select A.M. or P.M. Meetir	Sat .) ng City:	Sun. L	(select Day) Meeting Sta		ZIP:, sted below are REQUIRED.		
President*	Member ID No.	Auxiliary No.	First Name	â	Last Name		Email Address		
Mailing Address		City		State	Zip Code	Primar	y Phone Number (Home/Cell/Work) Home Cell Work		
Senior-Vice President*	Member ID No.	Auxiliary No.	First Name	3	Last Name		Email Address		
Mailing Address		City		State	Zip Code	Primar	y Phone Number (Home/Cell/Work) Home Cell Work		
Junior-Vice President*	Member ID No.	Auxiliary No.	First Name	70	Last Name		Email Address		
Mailing Address		City		State	Zip Code	Primar	y Phone Number (Home/Cell/Work) Home Cell Work		

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Secretary*	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address		
Mailing Address		City		State	Zip Code		Primary Phone Number (Home/Cell/Work)		
							Home Cell Work		
Treasurer*	Member ID No.	Auxiliary No. First Name			Last Name		Email Address		
					ľ				
Mailing Address		City		State	Zip Code Primar		ry Phone Number (Home/Cell/Work)		
							Home Cell Work		
Trustee No. 3*	Member ID No.	Auxiliary No. First Name			Last Name		Email Address		
Mailing Address		City		State	Zip Code Primar		ry Phone Number (Home/Cell/Work)		
							Home Cell Work		
			1		T-		The state and the		
Trustee No. 2*	Member ID No.	Auxiliary No. First Name			Last Name		Email Address		
		<u> </u>			<u> </u>				
Mailing Address		City		State	Zip Code	Primary Phone Number (Home/Cell/Work			
							Home Cell Work		
Trustee No. 1*	Member ID No.	Auxiliary No. First Name			Last Name		Email Address		
Mailing Address		City		State	Zip Code	Primar	ry Phone Number (Home/Cell/Work)		
							Home Cell Work		
The Installing Officer certifies that he/she is a Past Auxiliary President or held higher elective Auxiliary office; or he/she is a Past Post Commander or held higher elective Post office; and all Bylaws and Regulations have been complied with according to National and Department Headquarters.									
		Title o	Title of Installing Officer				 Date		