

# INPUT INTO MALTA OR MAIL TO VFW AUXILIARY NATIONAL HEADQUARTERS BY JUNE 30, 2024

## 2024-2025 Installation Report for Auxiliaries/Districts (short form)

This will certify that \_\_\_\_\_ is authorized 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-B 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.

Jackie Gregory  
Signature of Department Secretary

Sherrie Rosenau  
Signature of Department President

The following information about the Auxiliary's meetings is required:

Date of Installation: \_\_\_\_\_ Continuous Annual Dues Per Member: \$ \_\_\_\_\_

Meeting Date: 1st \_\_\_\_ 2nd \_\_\_\_ 3rd \_\_\_\_ 4th \_\_\_\_ Last \_\_\_\_ (select Date)

Meeting Day: Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Thurs. \_\_\_\_ Fri. \_\_\_\_ Sat. \_\_\_\_ Sun. \_\_\_\_ (select Day)

Meeting Time: \_\_\_\_\_ A.M. \_\_\_\_ P.M. \_\_\_\_ (select A.M. or P.M.)

Meeting Place: \_\_\_\_\_

Meeting Street Address: \_\_\_\_\_ Meeting City: \_\_\_\_\_ Meeting State and ZIP: \_\_\_\_\_, \_\_\_\_\_

Phone No. of Meeting Place: (\_\_\_\_) \_\_\_\_\_ **Please note offices/positions denoted with an asterisk (\*) listed below are REQUIRED.**

President*	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

Senior-Vice President*	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

Junior-Vice President*	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

**INPUT INTO MALTA OR MAIL TO VFW AUXILIARY NATIONAL HEADQUARTERS BY JUNE 30, 2024**

**2024-2025 Installation Report for Auxiliaries/Districts (short form)**

<b>Secretary*</b>	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

<b>Treasurer*</b>	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

<b>Trustee No. 3*</b>	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

<b>Trustee No. 2*</b>	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

<b>Trustee No. 1*</b>	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

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.

\_\_\_\_\_  
Signature of Installing Officer

\_\_\_\_\_  
Title of Installing Officer

\_\_\_\_\_  
Date