



VETERANS OF FOREIGN WARS AUXILIARY

NATIONAL HEADQUARTERS

OFFICER CHANGE OR CORRECTION FORM

Complete and email this fillable form to your Department Secretary who will make the change or correction in MALTA.

Date Mailed:

Auxiliary No.

Dept. of

DATE OF CHANGE: _____

Change from:

Name

President, Secretary or Treasurer

Change to:

Name

President, Secretary or Treasurer

Membership ID No.

Address:

Phone:

E-Mail: _____

Change of Annual Auxiliary Dues: from \$ _____ to \$ _____

****Please Note: This form is not to be used to report Annual Elections****

Email to: SecyTreasurer@vfwauxwi.org