

**INPUT INTO MALTA OR MAIL TO DEPARTMENT SECRETARY BY JUNE 30th 2026 - 2027**

**Installation Report for Auxiliaries/Districts (short form)**

If you cannot put it into MALTA yourself, **email to: Secretary@vfwauxwi.org**

or mail to: Faith Elford, Dept. Secretary

1414 Montclair Place, Fort Atkinson, WI 53538

**Mail as soon as possible after Installation.**

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.**

|                   |               |               |            |           |               |
|-------------------|---------------|---------------|------------|-----------|---------------|
| <b>President*</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>Senior-Vice President*</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>Junior-Vice President*</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                  |

