

INPUT INTO MALTA OR MAIL TO DEPARTMENT SECRETARY BY JUNE 30th 20__ - 20__

Installation Report for Auxiliaries/Districts (short form)

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 DEPARTMENT SECRETARY BY JUNE 30th

Installation Report for Auxiliaries/Districts (short form)

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

Mailing Address	City	State	Zip Code	Primary 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	Primary Phone Number (Home/Cell/Work)
				Home Cell Work

Trustee No. 2*	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

Trustee No. 1*	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