

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

20__-20__ Installation Report for Auxiliaries/Districts (long 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.

 Signature of Auxiliary/District Secretary

 Signature of Auxiliary/District 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)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> 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)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> 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)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> 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)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> 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)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> 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)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> 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)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> 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)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

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Chaplain	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Conductor	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Guard	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Patriotic Instructor	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Historian	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work