



Champion for Veterans

President Cindy Estell's Motto "Strong People stand up for themselves, but Stronger people stand up for others". She has certainly done this for our Department and our Veterans.

Now it is time to show her our love in the form of a

"LOVE GIFT"

To let her know how much she is appreciated.

Please send your "Love Gift" to:

Linda Burnette, Department Treasurer
P. O. Box 7359
Hudson, FL 34674-7359

Please earmark your check **"Department President's Love Gift"**

Thank you for your thoughtfulness.

Teresa Bachand

Department Senior Vice President

INPUT INTO MALTA OR MAIL TO DEPARTMENT SECRETARY BEFORE JUNE 30, 2023

2023-2024 Installation Report for Auxiliary # _____ or District # _____

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 BEFORE JUNE 30, 2023

2023-2024 Installation Report for Auxiliaries and/or Districts

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

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/ Conductress	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

REQUIRED:

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 officer; and all Bylaws and Regulations have been complied with according to National and Department Headquarters.

Signature of Installing Officer

Title of Installing Officer

Date

Department Convention

June 15-18, 2023

Renaissance Orlando at Sea World

6677 Sea Harbor Drive

Orlando, FL 32821

Telephone: 1-407-351-5555

**You must mention Veterans of Foreign Wars 2023 Annual Convention/VFW
to receive the room rate**

Or go to <https://book.passkey.com/go/VFWDeptofFlorida2023>

Room Rate: \$128.00 per night, plus tax – single/double/triple and quad

(Cut-Off May 22, 2023)

Check in 4:00 PM and Check out 11:00 AM

Free Self –Parking only – **No resort fee**

Thursday – June 15, 2023

9:45 AM Floor Practice (**Floor Team**)

10:00 AM Registration Opens

11:30 AM Floor Practice (**Officer's March**)

1:00 PM Council of Administration Meeting

1:45 PM Opening Ceremonies

4:30 PM VFW and VFW Auxiliary Joint Memorial Service

Friday – June 16, 2023

8:30 AM Registration

8:30 AM – Joint Opening with VFW

9:15 AM – Business Session (**Awards Will Be Presented**)

12:00 Noon – Lunch

12:00 – 1:30 PM – PDP Luncheon (By Invitation only)

2:00 PM VFW/Auxiliary Joint Awards

5:00 PM Patriotic Rally

7:00 PM – 9:00 PM - Reception for former and current “Circle of Champion” winners

Saturday – June 17, 2023

8:30 AM – 10:00 AM Registration

8:30 AM Business Session

12:00 Noon – Lunch

1:00 PM Election of Officers

4:30 PM Joint Installation of Officers

6:00 PM Celebration (**information will be posted when available**)

Sunday – June 18, 2023

9:00 AM VFW Auxiliary Council Meeting

Times and Agenda subject to change



RECEPTION

At The 93rd Department of Florida Convention
Saturday Night, June 17, 2023

**Salad Bar Station, Chicken Parmesan, Pasta
Bar Station and Blueberry Cobbler/Coffee & Iced Tea**

Absolutely no outside beverages will be allowed in the hall

TICKETS WILL NOT BE MAILED; YOU WILL PICK THEM UP AT THE HOTEL AT THE VFW REGISTRATION DESK.

This will be an open seating event, please be respectful of each other and share your table.

Make check payable to Dept. of Florida VFW and mail to:
VFW State Headquarters, 543 NE Sanchez Ave., Ocala, FL 34470

TICKETS ARE \$50.00 PER PERSON; NO TICKETS WILL BE HELD BY PHONE CALL OR E-MAIL.

DEADLINE: FRIDAY, June 09, 2023 NO EXCEPTIONS!!!!

TICKETS WILL NOT BE MAILED; YOU WILL PICK THEM UP AT THE HOTEL AT THE VFW REGISTRATION DESK.



RECEPTION

**Salad Bar Station, Chicken Parmesan, Pasta Bar Station &
Blueberry Cobbler/Coffee and Iced Tea**

Absolutely no outside beverages will be allowed in the hall

Tickets for the End of Term Party being held on Saturday, June 17, 2023, must be purchased from Department Headquarters Only. **Banquet Ticket: \$50.00 per person; cocktails at 6:30 p.m. and dinner at 7:00 p.m.**

DRESS CODE: VFW CASUAL

Name: _____

Address: _____ City: _____ Zip: _____

District: _____ Post No: _____

Enclosed is \$ _____ for _____ Convention Dinner Tickets at \$50.00 per person.

DEADLINE DATE ~ FRIDAY, June 09, 2023 ~ NO EXCEPTIONS!!!!

Make checks payable to: Dept. of Florida VFW
Mail to: VFW State Headquarters, 543 NE Sanchez Ave., Ocala, FL 34470

DEPARTMENT CONVENTION

ELECTION OF DELEGATES FOR DEPARTMENT CONVENTION

- **Elect Delegates and Alternates using membership count as of the date of the election.**
- Elect delegates at a regular meeting held not less than 30 days before the beginning or the Department Convention. (April meeting) (Sec. 304 National Bylaws)
- Elect one delegate and one alternate for every 15 members or FRACTION thereof: (PER DEPARTMENT BY LAWS) (Sec 304 National Bylaws)
- (Example: Auxiliary has 100 members paid on the date of the election of delegates) 100 divided by 15 equals 6.67 - Auxiliary is entitled to 6 delegates plus 1 to represent the fraction thereof. Total delegates 7 plus President for a total of 8 Delegates.
- Auxiliary President is entitled to one vote. (In the absence of the Auxiliary President the Auxiliary Sr. Vice President or Auxiliary Jr. Vice President may cast the Auxiliary President's vote)
- Department Elected Officers, Past Department Presidents, and District Presidents that have their own vote are required to pay delegate fees. In the event that your Auxiliary is paying delegate fees for any of these officers, please list these names separately and include delegate fee in check.
- **Delegate fee: \$5.00 per delegate** (There is no fee for alternates)
- Delegate **LIST and CHECK must** be sent to the **Department Treasurer, LINDA BURNETTE, P.O. BOX 7359, HUDSON, FL 34674.** **Delegate list and checks must be in the hands of the Department by Treasurer May 31, 2023.**
- Late mailings may result in an Auxiliary being required to pay delegate fees at the convention, so that delegates can register and vote
- Auxiliary **must pay** delegate fees for **ALL delegates** the Auxiliary is entitled to, even if only one delegate (or no delegates) plan to attend the convention. (Per National Bylaws – Sec 304)
- Make all checks for Delegate fees payable to: VFWA or VFW Auxiliary.
- **AUDITS:** Must be in the hands of the Department Treasurer in order for Auxiliary delegates to vote at the Department Convention.
- The term of office for an elected delegate shall be for one year from the date of election, until the election of new delegates (Sec. 304) National Bylaws

**DEPARTMENT CONVENTION
DELEGATES AND ALTERNATES**

AUX. #: _____ DISTRICT #: _____ # MEMBERS: _____ DATE OF ELECTION:

TO: DEPARTMENT TREASURER

LINDA BURNETTE
P.O. BOX 7359
HUDSON, FL 34674

This is to certify that the Delegates and Alternates listed below have been duly elected to represent our Auxiliary at the Department Convention that will be held June 15 - 18, 2023.

DELEGATES	Auxiliary President @ \$5.00	ALTERNATES
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

NOTE: If additional space is needed you may either run a copy of this form or put names on an additional (blank) sheet of paper.

Auxiliary President Signature

Auxiliary Secretary Signature

Per Department of Florida Bylaws each Auxiliary is entitled to one Delegate and one Alternate for every fifteen (15) members or fraction thereof, as of the date of election of delegates. Delegate fees are \$5.00 per delegate. Delegate fees must be paid prior to an Auxiliary being able to vote at the Department Convention. Checks and Delegate lists must be sent to: Department Treasurer LINDA BURNETTE by May 31, 2023.

**DISTRICT CONVENTION
DELEGATES AND ALTERNATES**

AUX. #: _____ MEMBERS: _____ DATE OF ELECTION: _____

TO: DISTRICT CREDENTIALS CHAIRMAN

(Insert Name and Address of Chairman)

This is to certify that the Delegates and Alternates listed below have been duly elected to represent our Auxiliary at the District Convention

_____ Auxiliary President

DELEGATES

ALTERNATES

NOTE: If additional space is needed you may either run a copy of this form or put names on an additional (blank) sheet of paper.

Auxiliary President Signature

Auxiliary Secretary Signature



NOT ACCEPTED BEFORE APRIL 1, NOR AFTER MAY 31
of the Current Calendar Year

**NATIONAL CONVENTION
OFFICIAL DELEGATES AND ALTERNATES**

~~DO NOT SEND THIS FORM IN IF NAMES HAVE BEEN INPUT ONLINE~~

TO: National Secretary
VFW Auxiliary
406 West 34th Street, 10th Floor
Kansas City, Missouri 64111

FROM: AUXILIARY NO. _____ DEPARTMENT OF _____
AUXILIARY NAME _____
CITY AND STATE _____

Per Section 305 of the National Bylaws, "Delegates and Alternates to the National Convention shall be elected at the last regular meeting in April; one for each fifty (50) members or fraction thereof in good standing on March 31. The VFW Auxiliary Secretary shall provide the names of the Delegates and Alternates to the National Secretary, along with their membership ID number, within thirty (30) calendar days of the day of election" and no later than MAY 31. The Auxiliary Secretary is asked to input his or her Auxiliary's Delegate(s) and Alternate(s) online in MALTA via use of their respective membership ID number(s) and to print out a copy of the Delegate(s) and Alternate(s) for his or her records.

This is to certify that the Delegate(s) and Alternate(s) listed below were duly elected to represent our VFW Auxiliary at the upcoming National Convention on _____ based on the total VFW Auxiliary membership as of MARCH 31 in the MALTA System.

ID Number and Name ARE REQUIRED to complete this form.
TYPE or PRINT NEATLY each Delegate's or Alternate's ID NUMBER and NAME.

~DELEGATE CREDENTIALS WILL BE ISSUED AT CONVENTION SITE UPON CHECK-IN.~

DELEGATES		ALTERNATES	
ID NUMBER	MEMBER'S FIRST AND LAST NAME	ID NUMBER	MEMBER'S FIRST AND LAST NAME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Auxiliary Secretary) (Address) (City, State & Zip Code)

NOTE: This is a listing only. (NO CHECKS ARE TO BE INCLUDED WITH THIS FORM.)