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)
				☐ 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 20_ _-20_ _

Installation Report for Auxiliaries/Districts (long 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

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

Installation Report for Auxiliaries/Districts (long form)

Chaplain	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

Conductor	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

Guard	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

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)
				☐ Home ☐ Cell ☐ 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)
				☐ Home ☐ Cell ☐ Work

Color Bearer #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

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

Installation Report for Auxiliaries/Districts (long form)

Color Bearer #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

Color Bearer #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

Color Bearer #4	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

Flag Bearer	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

Banner Bearer	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

Musician	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 20_ _-20_ _

Installation Report for Auxiliaries/Districts (long form)

Soloist	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

Assistant Guard	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

Assistant Conductor	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

Assistant Musician	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

Assistant Soloist	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**