

Installation Report for Auxiliaries and/or Districts

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

20____-20____ 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: Mo 1. 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 |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

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|-------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Senior-Vice President* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

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|-------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Junior-Vice President* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

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

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|-------------------|---------------|---------------|------------|-----------|---------------|
| Secretary* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| 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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|-------------------|---------------|---------------|------------|-----------|---------------|
| Treasurer* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| 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 |
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|-----------------|------|-------|----------|---|
| 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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|-----------------------------------|---------------|---------------|------------|-----------|---------------|
| Conductor/ Conductress | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| 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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|--------------|---------------|---------------|------------|-----------|---------------|
| Guard | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| 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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|-----------------------|---------------|---------------|------------|-----------|---------------|
| Trustee No. 3* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| Mailing Address | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |

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

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|-----------------------|---------------|---------------|------------|-----------|---------------|
| Trustee No. 2* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| 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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|-----------------------|---------------|---------------|------------|-----------|---------------|
| Trustee No. 1* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| 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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| Patriotic Instructor | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| 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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| Historian | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| 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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| Color Bearer No. 1 | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| 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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| Color Bearer No. 2 | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| Mailing Address | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |

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

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|---------------------------|---------------|---------------|------------|-----------|---------------|
| Color Bearer No. 3 | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| 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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| Color Bearer No. 4 | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| 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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| Banner Bearer | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| 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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| Flag Bearer | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| 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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| Musician | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| 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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| Soloist | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| Mailing Address | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |

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

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|---|---------------|---------------|------------|-----------|---------------|
| Assistant Conductor/ Conductress | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| 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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|------------------------|---------------|---------------|------------|-----------|---------------|
| Assistant Guard | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| 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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|---------------------------|---------------|---------------|------------|-----------|---------------|
| Assistant Musician | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| 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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| Assistant Secretary | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| 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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| Assistant Soloist | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| 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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| Americanism Chairman | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| Mailing Address | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |

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

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|---|----------------------|----------------------|-------------------|------------------|----------------------|
| “Buddy”® Poppy / Nat’l Home Chairman | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|------------------------|-------------|--------------|-----------------|---|
| 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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|---|----------------------|----------------------|-------------------|------------------|----------------------|
| Historian / Media Relations Chairman | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|------------------------|-------------|--------------|-----------------|---|
| 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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|--------------------------|----------------------|----------------------|-------------------|------------------|----------------------|
| Hospital Chairman | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|------------------------|-------------|--------------|-----------------|---|
| 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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|---------------------------------|----------------------|----------------------|-------------------|------------------|----------------------|
| Legislative Chairman | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|------------------------|-------------|--------------|-----------------|---|
| 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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|--|----------------------|----------------------|-------------------|------------------|----------------------|
| Membership & Recruitment Chairman | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|------------------------|-------------|--------------|-----------------|---|
| 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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|----------------------------------|----------------------|----------------------|-------------------|------------------|----------------------|
| Scholarships Chairman | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
| | | | | | |

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

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

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|---|---------------|---------------|------------|-----------|---------------|
| Veterans & Family Support Chairman | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| 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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|----------------------------------|---------------|---------------|------------|-----------|---------------|
| Youth Activities Chairman | 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