# Installation Report for Auxiliaries and/or Districts

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

	202	0 In	stallatio	on Report for Auxiliary #or District #
The following informa	tion about	the Auxila	ry's mee	etings is required:
Date of Installation:				Continuous Annual Dues Per Member: \$
Meeting Date: 1st	2nd	3rd	4th	La <u>st (select</u> Date)
Meeting Day: Mo 1.	Tues.	Wed.	т	hurs. Fri. Sat. Sun. (select Day)
Meeting Time:	A.M.	P.M.	(s	select A.M. or P.M.)
Meeting Place:				
Meeting Street Address	s:			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	City		Zip Code	Primar	y Phone Number (Home/Cell/Work)	
							Home Cell Work	
E		•		•	•	•		
Senior-Vice	Member ID No.	Auxiliary No.	First Name	•	Last Name		Email Address	
President*								
Mailing Address		City	-	State	Zin Code	Primar	v Phone Number (Home/Cell/Work)	
Mailing Address		City		State	Zip Code	Primar		
Mailing Address		City		State	Zip Code	Primar	y Phone Number (Home/Cell/Work)	
Mailing Address		City		State	Zip Code	Primar		
Mailing Address Junior-Vice	Member ID No.	City Auxiliary No.	First Name		Zip Code Last Name	Primar		
	Member ID No.		First Name			Primar	Home Cell Work	
Junior-Vice President*	Member ID No.	Auxiliary No.	First Name	2	Last Name		Home Cell Work	
Junior-Vice	Member ID No.		First Name				Home Cell Work	

Secretary*	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address	
Mailing Address		City		State	Zip Code	Primar	y Phone Number (Home/Cell/Work)	
							Home Cell Work	
Treasurer*	Member ID No.	Auxiliary No.	ry No. First Name L		Last Name		Email Address	
incusorer								
Mailing Address	<u>.</u>	City	1	State	Zip Code	Primar	y Phone Number (Home/Cell/Work)	
							Home Cell Work	
			_			1		
Chaplain	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address	
				1				
Mailing Address		City		State	Zip Code Primar		y Phone Number (Home/Cell/Work)	
							Home Cell Work	
- · · /	1 .				1			
Conductor/	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address	
Conductress								
Mailing Address		City		State	Zip Code	Primar	y Phone Number (Home/Cell/Work)	
							Home Cell Work	
Guard	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address	
Mailing Address	π	City		State	Zip Code	Primar	y Phone Number (Home/Cell/Work)	
		-			-		Home Cell Work	
Trucke e Nie - 2*	Manakan ID Na		Einet Manue		Lest News			
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	Primar	y 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	1	State	Zip Code	Primar	y Phone Number (Home/Cell/Work)	
							Home Cell Work	
<b>.</b>			_	1		1		
Patriotic Instructor	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address	
					1			
Mailing Address		City		State	Zip Code	Primar	y Phone Number (Home/Cell/Work)	
							Home Cell Work	
	1	1	1		1			
Historian	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address	
Mailing Address		City		State	Zip Code Primary Phor		y Phone Number (Home/Cell/Work)	
							Home Cell Work	
Color Bearer No. 1	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address	
Mailing Address	-	City	•	State	Zip Code	Primar	y Phone Number (Home/Cell/Work)	
		-					Home Cell Work	
Color Bearer No. 2	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address	
Mailing Address		City		State	Zip Code	Primary Phone Number (Home/Cell/Wor		
							Home Cell Work	

Color Bearer No. 3	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address		
Mailing Address		City	City		Zip Code	Primar	y Phone Number (Home/Cell/Work)		
							Home Cell Work		
Color Bearer No. 4	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address		
Mailing Address		City		1	1	-			
Mailing Address		City		State	Zip Code	Primar	y Phone Number (Home/Cell/Work)		
Mailing Address		City		State	Zip Code	Primar	y Phone Number (Home/Cell/Work)		
			-1	State	Zip Code	Primar	Home Cell Work		
Mailing Address Banner Bearer	Member ID No.	City Auxiliary No.	First Name		Zip Code Last Name	Primar			
	Member ID No.		First Name			Primar	Home Cell Work		
	Member ID No.		First Name				Home Cell Work		

Flag Bearer	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address
Mailing Address		City	City		Zip Code	Primar	y Phone Number (Home/Cell/Work)
					Home Cell Work		
Musician	Member ID No.	Auxiliary No.	No. First Name		Last Name		Email Address
Mailing Address		City					
Mailing Address		City		State	Zip Code	Primar	y Phone Number (Home/Cell/Work)
Mailing Address		City		State	Zip Code	Primar	y Phone Number (Home/Cell/Work)
	Member ID No.		First Name			Primar	Home Cell Work
Mailing Address Soloist	Member ID No.	City Auxiliary No.	First Name		Zip Code Last Name	Primar	
	Member ID No.		First Name				Home Cell Work

Assistant Conductor/	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address
Conductress							
Mailing Address		City		State	Zip Code	Primar	y 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	Primar	y 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	Primar	y Phone Number (Home/Cell/Work)
							Home Cell Work
Assistant Secretary	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address
Mailing Address		City		State	Zip Code	Primar	y Phone Number (Home/Cell/Work)

							Home Cell Work
Assistant Soloist	Member ID No.	Member ID No. Auxiliary No. First Name			Last Name		Email Address
Mailing Address		City		State	Zip Code	Primar	y Phone Number (Home/Cell/Work)
							Home Cell Work
Americanism	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address
Chairman							
Mailing Address		City		State	Zip Code	Primar	y Phone Number (Home/Cell/Work)
							Home Cell Work

"Buddy"® Poppy /	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address
Nat'l Home Chairman							
Mailing Address		City	City		Zip Code Primary		y Phone Number (Home/Cell/Work)
							Home Cell Work
Historian / Media	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address
<b>Relations Chairman</b>							
Mailing Address		City		State	Zip Code Primary		y Phone Number (Home/Cell/Work)
							Home Cell Work
Hospital Chairman	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address
Mailing Address		City		State	Zip Code	Primary Phone Number (Home/Cell/Wo	
							Home Cell Work
Logislativo	Member ID No	Auxiliany No	Eirst Namo		Last Namo		Email Address

Legislative	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address	
Chairman								
Mailing Address		City	City		Zip Code	Primar	Primary Phone Number (Home/Cell/Work)	
							Home Cell Work	
Membership & Recruitment Chairman	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address	
Recruitment Chairman								
Mailing Address		City	City		Zip Code	Primar	y Phone Number (Home/Cell/Work)	
							Home Cell Work	
Scholarships	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address	
-		Auxiliary 140.	Thorname		East Hame			
Chairman								
Chairman Mailing Address		City		State	Zip Code	Primar	y Phone Number (Home/Cell/Work)	

Veterans & Family	Member ID No.	Auxiliary No.	liary No. First Name		Last Name		Email Address
Support Chairman							
Mailing Address		City		State	Zip Code	Primar	y Phone Number (Home/Cell/Work)
							Home Cell Work
Youth Activities	Member ID No.	Auxiliary No. First Name			Last Name		Email Address
Chairman							
Mailing Address		City		State	Zip Code	Primar	y Phone Number (Home/Cell/Work)
							Home Cell 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.

Date