INPUT INTO MALTA OR MAIL TO VFW AUXILIARY NATIONAL HEADQUARTERS BY JUNE 30, 2024

2024-2025 Installation Report for Auxiliaries/Districts (long form)

This will certify that	ify that is authorized and empowered to install the Officers of								
	(Name of Installing Officer with: Past	Auxiliary President or held hi	gher elective A	uxiliary office; Past F	ost Commander or higher	r elective office			
Auxiliary to Post No	oin District N	lolocate	ed at		ince with Section 806A-B of				
the Bylaws and Ritu	al of the Veterans of Fore	eign Wars of the Un	ited States	s Auxiliary or t	he installation s	hall be nul	l and void until such time as		
the Bylaws are com	plied with.								
	Janice Cris	uvsll			Mike McCa	ndless			
	Signature of Department Secretary			Signature of Department President					
The following inform	nation about the Auxiliar	v's meetings is re qu	uired:						
				Per Member:	\$				
Meeting Date: 1st	2nd3rd4t	h last l	select Date	1					
Mosting Date, 1st	Tues. Wed.	Thurs T Fri	C Sat	́П ", П	(select Day)				
Meeting Day: Won	A.M P.M	/coloct A AA ou D A			(Select Day)				
			vi.)						
						. C4	710.		
							ZIP:		
Phone No. of Meeting	; Place: ()	Pleas	e note offi	ces/positions	denoted with ar	asterisk (*) listed below are REQUIRED.		
President*	Member ID No.	Auxiliary No. First Name		ne	Last Name		Email Address		
Mailing Address		City		State	Zip Code	Prima	ry Phone Number (Home/Cell/Work)		
							Home Cell Work		
Senior-Vice	Member ID No.	Auxiliary No.	First Nar	me	Last Name		Email Address		
President*	inclination in the second	Auxiliary 140.	Tristitui						
Mailing Address		City		State	Zip Code	Prima	y Phone Number (Home/Cell/Work)		
							Home Cell Work		
Junior-Vice	Member ID No.	Auxiliary No.	First Nar	ne	Last Name		Email Address		
President*	Wichiger 15 No.	Advindity 140.	11130.401						
Mailing Address		City	City		Zip Code	Primar	y Phone Number (Home/Cell/Work)		
							Home Cell Work		

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Secretory*	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.	First Name		Last Name		Email Address	
Mailing Address		City		State	Zip Code	Primar	y 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	Primar	y Phone Number (Home/Cell/Work)	
							Home Cell Work	
Trustee No. 2* Member ID No.		Auxiliary No. First Name						
	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address	
Life year	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address	
Mailing Address	Member ID No.	Auxiliary No. City	First Name	State	Zip Code	Primary	Email Address y Phone Number (Home/Cell/Work)	
	Member ID No.		First Name	State		Primary		
Mailing Address	Member ID No.		First Name	State		Primary	y Phone Number (Home/Cell/Work) Home Cell Work	
	Member ID No.		First Name	State		Primary	y Phone Number (Home/Cell/Work)	
Mailing Address		City		State	Zip Code	Primary	y Phone Number (Home/Cell/Work) Home Cell Work	
Mailing Address		City		State State	Zip Code		y Phone Number (Home/Cell/Work) Home Cell Work	

Chaplain	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address		
			<u> </u>						
Mailing Address		City		State	Zip Code Primar		ary Phone Number (Home/Cell/Work)		
						Home Cell		Work	
the state of the s							г		
Conductor	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address		
					L				
Mailing Address		City		State	Zip Code Primary Phone		y Phone Number	(Home/Co	ell/Work)
							Home	Cell	Work
		T	T		T				****
Guard	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address		***************************************
			<u> </u>						
Mailing Address		City		State	Zip Code	Primar	y Phone Number	(Home/Co	ell/Work)
							Home	Cell	Work
Patriotic Instructor	Member ID No.	Auxiliary No. First Name			Last Name		Email Address		
Mailing Address		City		State	Zip Code	Primary	y Phone Number	(Home/Ce	ell/Work)
							Home	Cell [Work
					r				
Historian	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address		
Mailing Address		City		State	Zip Code	Primary	y Phone Number ((Home/Ce	el(/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/Cel		el(/Work)	
						Home C		Cell [Work

American property and a second contraction of the designation of the second contract of the									
Color Begree #2 Member ID No.		Auxiliary No.	First Name		Last Name		Email Address		
Mailing Address		City		State	Zip Code	Primai	ary Phone Number (Home/Cell/Work		
							Home Cell Work		
Color Begrer #3	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address		
			<u></u>						
Mailing Address		City		State	Zip Code	Primar	ry 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	Primar	y 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/			
							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		

Solets -	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address		
Mailing Address		City	City		Zip Code	Prima	ry Phone Number (Home/Cell/Work)		
							Home Cell Work		
	d		First Name		Last Name		Email Address		
Assistant Guard Member ID No.		Auxiliary No. First Name		Last Name			Email Address		
Mailing Address		City.		State	Zip Code	Delina	Thomas Neumber (Illema (C-117))		
Mailing Address		City	City		Zip Code	Primai	ry Phone Number (Home/Cell/Work)		
				<u>.</u>	1				
Assistant Conductor	Member ID No.	Auxiliary No. First Name		Last Name			Email Address		
							And the second s		
Mailing Address		City		State	Zip Code	Prima	ry Phone Number (Home/Cell/Work)		
				l	1		Home Cell Work		
Assistant Musician	Member ID No.	Auxiliary No.	Auxiliary No. First Name		Last Name		Email Address		
Assistant Musicial	Wenter in No.	Auxiliary No.	First Name		Last Name		Liliali Addiess		
Mailing Address		City		State	Zip Code	Primar	ry Phone Number (Home/Cell/Work)		
Walling Address		City		Jule	Zip code	Fillia	Home Cell Work		
				! 					
Assistant Soloist	Member ID No.	Auxiliary No. First Name		Last Name			Email Address		
Mailing Address		City		State	Zip Code	Primar	ry Phone Number (Home/Cell/Work)		
							Home Cell Work		
_	-	-		_			he is a Past Post Commander		
or neid nigher elective Po	ost office; and all Byl	aws and Regulations	s nave been o	omplied w	ith according to Na	tional an	d Department Headquarters.		
		<u> </u>							
Signature of Installing Officer		Title o	f Installing Of	ficer			Date		