

UNWAVERING SUPPORT



FOR UNCOMMON HEROES™

VFW Auxiliary

Of the United States

OFFICER CHANGE OR CORRECTION

Date: _____

Auxiliary # _____ Department of _____

Change from: _____
Name Position

Change to: _____
Name Position

Membership ID # _____

Address: _____

Phone: _____

Email: _____

Change in Auxiliary dues: from \$_____ to \$_____

****PLEASE NOTE: THIS FORM IS NOT TO BE USED FOR ANNUAL ELECTIONS****

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