

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

## 2024-2025 Warrant and Installation Report for Auxiliaries and/or Districts

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 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.

Cindy Anderson  
Signature of Department Secretary

Philip Reipold  
Signature of Department 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 asterik (\*) 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



**NOTE:** These positions are not required information on the National Installation form. However, it is helpful to have a record of these officers. Please include this page when sending installation copy to the Department Secretary.

<b>Chaplain</b>	<b>Member ID No.</b>	<b>Auxiliary No.</b>	<b>First Name</b>	<b>Last Name</b>	<b>Email Address</b>
<b>Mailing Address</b>		<b>City</b>	<b>State</b>	<b>ZIP Code</b>	<b>Primary Phone Number (Home/Cell/Work)</b>
					<b>Home Cell Work</b>
<b>Conductor/ Conductress</b>	<b>Member ID No.</b>	<b>Auxiliary No.</b>	<b>First Name</b>	<b>Last Name</b>	<b>Email Address</b>
<b>Mailing Address</b>		<b>City</b>	<b>State</b>	<b>ZIP Code</b>	<b>Primary Phone Number (Home/Cell/Work)</b>
					<b>Home Cell Work</b>
<b>Guard</b>	<b>Member ID No.</b>	<b>Auxiliary No.</b>	<b>First Name</b>	<b>Last Name</b>	<b>Email Address</b>
<b>Mailing Address</b>		<b>City</b>	<b>State</b>	<b>ZIP Code</b>	<b>Primary Phone Number (Home/Cell/Work)</b>
					<b>Home Cell Work</b>

PLEASE SEND A COPY OF THIS COMPLETE FORM TO DEPT SECRETARY CINDY ANDERSON EVEN IF YOU ENTER YOUR OFFICERS IN TO MALTA  
THIS INFORMATION IS USED TO COMPLETE THE DEPARTMENT ROSTER

CINDY ANDERSON  
8281 CLAY ST. UNIT A  
WESTMINSTER CO 80031

ANDERSONCINDY1109@GMAIL.COM