



VETERANS OF FOREIGN WARS MEN'S AUXILIARY

20__ - __ ELECTION REPORT



PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

UNIT (POST) NUMBER		DEPARTMENT OF:		FEDERAL EMPLOYER IDENTIFICATION # (EIN)	
MEN'S AUXILIARY MAILING ADDRESS			MEETING & MEMBERSHIP INFORMATION		
STREET OR P.O. BOX #			REGULAR MEETING NIGHT(S)		MEETING TIME(S)
CITY	STATE	ZIP + 4	CURRENT MEMBERSHIP DUES \$		CURRENT MEMBERSHIP COUNT:
MEN'S AUXILIARY PRESIDENT					
NAME			MEMBERSHIP NUMBER	HOME PHONE #	
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:		
MEN'S AUXILIARY SENIOR VICE PRESIDENT					
NAME			MEMBERSHIP NUMBER	HOME PHONE #	
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:		
MEN'S AUXILIARY JUNIOR VICE PRESIDENT					
NAME			MEMBERSHIP NUMBER	HOME PHONE #	
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:		
MEN'S AUXILIARY TREASURER					
NAME			MEMBERSHIP NUMBER	HOME PHONE #	
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:		
MEN'S AUXILIARY SECRETARY					
NAME			MEMBERSHIP NUMBER	HOME PHONE #	
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:		
MEN'S AUXILIARY CHAPLAIN					
NAME			MEMBERSHIP NUMBER	HOME PHONE #	
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:		
MEN'S AUXILIARY TRUSTEE (1-YEAR)					
NAME			MEMBERSHIP NUMBER	HOME PHONE #	
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:		
MEN'S AUXILIARY TRUSTEE (2-YEAR)					
NAME			MEMBERSHIP NUMBER	HOME PHONE #	
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:		
MEN'S AUXILIARY TRUSTEE (3-YEAR)					
NAME			MEMBERSHIP NUMBER	HOME PHONE #	
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:		

INSTRUCTIONS

TO BE FILLED OUT DURING OR IMMEDIATELY FOLLOWING THE ELECTION

- * KEEP A COPY FOR YOUR RECORDS
- * SEND A COPY TO THE POST COMMANDER
- * SEND A COPY TO THE DEPARTMENT HEADQUARTERS
- * SEND A COPY TO: VFW NATIONAL HEADQUARTERS 406 W 34TH STREET, KANSAS CITY, MO 64111