

VFW AUXILIARY, DEPARTMENT OF WASHINGTON
DISTRICT PRESIDENT'S MONTHLY REPORT

District Number _____

Report for month ending _____

HAVE YOU HELD A DISTRICT MEETING DURING THIS REPORTING PERIOD?

Yes No

IF YES, PLEASE COMPLETE THE FOLLOWING.

DATE OF MEETING _____ **LOCATION** _____

NUMBER OF MEMBERS PRESENT _____ **NUMBER OF GUESTS** _____

NUMBER OF AUXILIARIES REPRESENTED AT THIS MEETING _____

All District Meetings are School of Instruction and promotion of programs, with the exception of the District Convention. Check the following if they were presented and give highlights and/or comments on the back page.

Americanism

Extension/Retention

Hospital

Legislation

Membership

Scholarship

Youth Activities

Veterans and Family Support

Please list any Auxiliary Meetings or functions attended and purpose for attending beginning with the date and include Auxiliary name and number if applicable:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

What activities are the Auxiliaries in your District participating in? Are they doing anything for Veterans, Fun & Family or Community Events: _____?

What upcoming events/programs are they working on: _____?

(Please use additional sheet if necessary)

