

**VFW AUXILIARY, DEPARTMENT OF WASHINGTON**  
**DISTRICT PRESIDENT'S MONTHLY REPORT 2022 - 2023**

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.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Americanism                 | <input type="checkbox"/> Extension/Retention       | <input type="checkbox"/> Hospital                  |
| <input type="checkbox"/> Legislation                 | <input type="checkbox"/> Membership                | <input type="checkbox"/> Scholarship               |
| <input type="checkbox"/> Youth Activities            | <input type="checkbox"/> National Home/Buddy Poppy | <input type="checkbox"/> Mentoring for Leadership  |
| <input type="checkbox"/> Veterans and Family Support | <input type="checkbox"/> Community Outreach        | <input type="checkbox"/> Historian/Media Relations |

**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)

Is any Auxiliary in your District having problems requiring attention? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Auxiliary Name \_\_\_\_\_ Auxiliary No. \_\_\_\_\_

Please give details of the problems and your recommendations for solving them:

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**NOTE: These monthly reports are to be completed and sent by the following month (i.e. July report due August 15<sup>th</sup>, etc.)**

Additional Comments:

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**Signature** \_\_\_\_\_  
(May be typed)

**MAIL DIRECTLY TO THE FOLLOWING: Please try and mail by the 15<sup>th</sup> of following month!**

Send Original to: Karen Flynn [ksf10@hotmail.com](mailto:ksf10@hotmail.com)  
1736 Bluegrass Lane  
Wenatchee WA 98801

Copy to: Joan Murphy-Nihart [joanmurphy1313@yahoo.com](mailto:joanmurphy1313@yahoo.com)  
311 S 10<sup>th</sup> St.  
Montessano WA 98563

Please retain a copy for District Records.