

Name of Auxiliary _____ Aux. # _____ District _____

Auxiliary Chairman: _____ Phone # _____

-
1. Number of your Auxiliary members that subscribe to VFW Action Corps Weekly: _____
 2. Number of personal contacts that you Auxiliary members made to Legislators on veterans issues: _____
 3. Number or emails made by Auxiliary members to your legislators: _____
 4. Number of letters/postcards sent by Auxiliary members to your legislators on veterans issues: _____
 5. Number of phone calls made to legislators on veterans issues: _____
 6. Number of Auxiliary members who attended events where they could interact with the legislators. Examples would be: town halls, meet and greets, legislative conferences, etc. _____

Cc: District President
Auxiliary President

Signature: _____