

**INPUT INTO MALTA OR MAIL TO VFW AUXILIARY NATIONAL HEADQUARTERS BY JUNE 30, 2021**

**2021-2022 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 compiled with.

*Augusta Burkley*  
 Signature of Department Secretary

*Marionie C. Stebn*  
 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)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> 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)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> 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)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work



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**2019-2020 Warrant and Installation Report for Auxiliaries and/or Districts**

<b>Secretary*</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
	Mailing Address				
	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<b>Treasurer*</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
	Mailing Address				
	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<b>Trustee No. 3*</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
	Mailing Address				
	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<b>Trustee No. 2*</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
	Mailing Address				
	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<b>Trustee No. 1*</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
	Mailing Address				
	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

The installing Officer certifies that he/she is a Past Auxiliary President or held higher elective Auxiliary office; or he/she is a Past Post Commander or held higher elective Post office; and all Bylaws and Regulations have been complied with according to National and Department Headquarters.

Signature of Installing Officer \_\_\_\_\_

Title of Installing Officer \_\_\_\_\_

Date \_\_\_\_\_