



# VETERANS OF FOREIGN WARS MEN'S AUXILIARY

## 20\_\_ - \_\_ ELECTION REPORT



**PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION**

POST NUMBER	DEPARTMENT OF:
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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**

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| <ul style="list-style-type: none"> <li>* KEEP A COPY FOR YOUR RECORDS</li> <li>* SEND A COPY TO THE POST COMMANDER</li> <li>* SEND A COPY TO THE DEPARTMENT HEADQUARTERS</li> </ul> | <p>SEND A COPY TO : VFW NATIONAL HEADQUARTERS<br/>406 W 34TH St.<br/>KANSAS CITY, MO 64111</p> |
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