



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)	
CITY			MEETING TIME(S)	
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"> * KEEP A COPY FOR YOUR RECORDS * SEND A COPY TO THE POST COMMANDER * SEND A COPY TO THE DEPARTMENT HEADQUARTERS | <p>SEND A COPY TO :</p> |
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