

VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY

FOUNDED 1914

UNWAVERING SUPPORT



FOR UNCOMMON HEROES™

INSTITUTING OFFICER: As soon as the VFW Auxiliary has been Instituted, fill out this form in duplicate; send original at once to the National Secretary, Veterans of Foreign Wars of the United States Auxiliary, 406 West 34th Street, 10th floor, Kansas City Missouri 64111; send duplicate original to Department Secretary. **This must be done within ten days of institution.**

SPECIAL NOTICE: Please make sure the name, number and location of VFW Auxiliary are correct according to the Post Charter.

Date of Institution _____

VFW Auxiliary _____ **Number** _____ **District No.** _____

Location _____
City _____ State _____ Zip _____

Meeting Place _____

Regular Meeting Nights and Time _____

Initiation Fee: _____ VFW Auxiliary Dues \$ _____

President _____
Name Street City State Zip (A/C) Telephone Email Address

Secretary _____
Name Street City State Zip (A/C) Telephone Email Address

Treasurer _____
Name Street City State Zip (A/C) Telephone Email Address

Number of Members obligated as members in this VFW Auxiliary at time of Institution _____

I hereby report that _____
(VFW Auxiliary Name)

VFW Auxiliary No. _____ was Instituted on this date and the Officers as reported hereon installed in office in accordance with the Constitution, Bylaws and Ritual of the Veterans of Foreign Wars of the United States Auxiliary.

(Signed) _____
(Instituting Officer)

(Officers, other than President, Secretary and Treasurer, to be shown on reverse side of this report.)

(Organizer)

NOTE: Please provide Name, Street, City, State, Zip Code, Area Code and Telephone # for all Officers.

Senior Vice-President _____

Junior Vice-President _____

Chaplain _____

Conductor/Conductress _____

Guard _____

Patriotic Instructor _____

Historian _____

Trustee (3 year) _____

Trustee (2 year) _____

Trustee (1 year) _____

Color Bearer No. 1 _____

Color Bearer No. 2 _____

Color Bearer No. 3 _____

Color Bearer No. 4 _____

Musician _____

Soloist _____

NOTE -Any Officer not present for Institution should be marked with an X