

UNWAVERING SUPPORT



VFW AUXILIARY

REPORT NUMBER

20 18 MEMBERSHIP SUMMARY

MN
STATE

DISTRICT

LOCATION

AUX. NO.

DATE

ANNUAL MEMBERS

NEW.....

REJOINED.....

CONTINUOUS.....

TOTAL ANNUAL MEMBERS (THIS REPORT)

DUES THIS REPORT

NATIONAL \$

DEPARTMENT \$

TOTAL \$

I CERTIFY THAT THE ANNUAL MEMBERS IN THIS REPORT HAVE PAID DUES TO 12/31 OF THE MEMBERSHIP YEAR LISTED ABOVE.

DO NOT USE THIS FORM TO REPORT LIFE MEMBERS!

AUXILIARY TREASURER

PHONE NUMBER

Last Name (alphabetical)

First Name

Member ID #

1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
19	_____	_____	_____
20	_____	_____	_____
21	_____	_____	_____
22	_____	_____	_____
23	_____	_____	_____
24	_____	_____	_____
25	_____	_____	_____