

2018-2019 Warrant and Installation Report for Auxiliaries

(Auxiliary Secretary may input into Malta - completed copy with Installing Officer's signature must be e-mailed to Department Secretary at secretary@vfwamn.org or mailed to Department by May 31, 2018)

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 # _____ 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
 complied with.

Margaret Sheffield
 Signature of Department Secretary

Gail Lette
 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 ___ Meeting Time: _____ AM ___ PM
 Meeting Place _____ Meeting Address _____ Meeting City _____
 Meeting Zip Code _____ Phone Number of Meeting Place _____

President*	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Senior-Vice President*	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Junior-Vice President*	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Secretary*	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Treasurer*	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Chaplain*	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Conductor/ Conductress*	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Guard*	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Trustee #3*	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Trustee #2*	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Trustee #1*	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Patriotic Instructor	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Historian	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Americanism Chairman	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Buddy Poppy/ National Home Chairman	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Historian/ Media Relations Chairman	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Hospital Chairman	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Legislative Chairman	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Membership and Recruitment Chairman	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Scholarships Chairman	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Veterans & Family Support Chairman	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Youth Activities Chairman	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Other	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Other	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/Work)

Other	Member ID No.	Name			Mailing Address
	City	State	Zip Code	Email Address	Primary Phone Number (Home/Cell/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

Mail completed and signed form to:
VFW Auxiliary, Department of MN
20 W. 12th Street, 3rd Floor
St. Paul, MN 55155