



VFW AUXILIARY

REPORT NUMBER

20 19 MEMBERSHIP SUMMARY

MN
STATE DISTRICT LOCATION AUX. NO. DATE CHECK #

ANNUAL MEMBERS

NEW.....
REJOINED.....
CONTINUOUS.....
TOTAL ANNUAL MEMBERS (THIS REPORT) 0

DUES THIS REPORT

NATIONAL \$ 0
DEPARTMENT \$ 0
TOTAL \$ 0

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	_____	_____	_____