

INPUT INTO MALTA OR MAIL TO DEPARTMENT SECRETARY BY JUNE 30th

2025- 2026 Installation Report for Auxiliaries/Districts

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 No. _____ in District No. _____ located at _____ in accordance with Section 806A-B 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.

Signature of Department Secretary

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. ☐ (select Day)

Meeting Time: _____ A.M. ☐ P.M. ☐ (select A.M. or P.M.)

Meeting Place: _____

Meeting Street Address: _____ Meeting City: _____ Meeting State and ZIP: _____

Phone No. of Meeting Place: (____) _____ Please note offices/positions denoted with an asterisk (*) listed below are REQUIRED.

| President* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
|------------|---------------|---------------|------------|-----------|---------------|
| | | | | | |

| Mailing Address | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
|-----------------|------|-------|----------|---|
| | | | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |

| Senior-Vice President* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
|------------------------|---------------|---------------|------------|-----------|---------------|
| | | | | | |

| Mailing Address | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
|-----------------|------|-------|----------|---|
| | | | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |

| Junior-Vice President* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
|------------------------|---------------|---------------|------------|-----------|---------------|
| | | | | | |

| Mailing Address | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
|-----------------|------|-------|----------|---|
| | | | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |

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|-----------------------|---------------|---------------|------------|-----------|---|
| Secretary* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
| | | | | | |
| Mailing Address | | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |
| Treasurer* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
| | | | | | |
| Mailing Address | | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |
| Trustee No. 3* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
| | | | | | |
| Mailing Address | | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |
| Trustee No. 2* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
| | | | | | |
| Mailing Address | | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |
| Trustee No. 1* | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
| | | | | | |
| Mailing Address | | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |

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|----------|---------------|---------------|------------|-----------|---------------|
| Chaplain | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| Mailing Address | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |

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|-----------|---------------|---------------|------------|-----------|---------------|
| Conductor | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
| | | | | | |

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|-----------------|------|-------|----------|---|
| Mailing Address | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |

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|-------|---------------|---------------|------------|-----------|---------------|
| Guard | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| Mailing Address | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |

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|----------------------|---------------|---------------|------------|-----------|---------------|
| Patriotic Instructor | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| Mailing Address | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |

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|-----------|---------------|---------------|------------|-----------|---------------|
| Historian | Member ID No. | Auxiliary No. | First Name | Last Name | Email Address |
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|-----------------|------|-------|----------|---|
| Mailing Address | City | State | Zip Code | Primary Phone Number (Home/Cell/Work) |
| | | | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |

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