



VETERANS OF FOREIGN WARS MEN'S AUXILIARY



20__ - __ ELECTION REPORT

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

POST NUMBER			DEPARTMENT OF:		
MEN'S AUXILIARY MAILING ADDRESS			MEETING & MEMBERSHIP INFORMATION		
STREET OR P.O. BOX #			REGULAR MEETING NIGHT(S)	MEETING TIME(S)	
CITY	STATE	ZIP + 4	CURRENT MEMBERSHIP DUES \$	CURRENT MEMBERSHIP COUNT:	
MEN'S AUXILIARY PRESIDENT					
NAME			MEMBERSHIP NUMBER	HOME PHONE # ()	
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:		
MEN'S AUXILIARY SENIOR VICE PRESIDENT					
NAME			MEMBERSHIP NUMBER	HOME PHONE # ()	
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:		
MEN'S AUXILIARY JUNIOR VICE PRESIDENT					
NAME			MEMBERSHIP NUMBER	HOME PHONE # ()	
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:		
MEN'S AUXILIARY TREASURER					
NAME			MEMBERSHIP NUMBER	HOME PHONE # ()	
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:		
MEN'S AUXILIARY SECRETARY					
NAME			MEMBERSHIP NUMBER	HOME PHONE # ()	
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:		
MEN'S AUXILIARY CHAPLAIN					
NAME			MEMBERSHIP NUMBER	HOME PHONE # ()	
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:		
MEN'S AUXILIARY TRUSTEE (1-YEAR)					
NAME			MEMBERSHIP NUMBER	HOME PHONE # ()	
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:		
MEN'S AUXILIARY TRUSTEE (2-YEAR)					
NAME			MEMBERSHIP NUMBER	HOME PHONE # ()	
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:		
MEN'S AUXILIARY TRUSTEE (3-YEAR)					
NAME			MEMBERSHIP NUMBER	HOME PHONE # ()	
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:		

INSTRUCTIONS

TO BE FILLED OUT DURING OR IMMEDIATELY FOLLOWING THE ELECTION

- * KEEP A COPY FOR YOUR RECORDS
- * SEND A COPY TO THE POST COMMANDER
- * SEND A COPY TO THE DEPARTMENT HEADQUARTERS

SEND A COPY TO :