VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY DEPARTMENT OF NEW YORK



To: Department of New York VFW Auxiliary Presidents, Secretaries, and Treasurers
From; Karen Dotson, PDP
Date: January 8, 2025
Subject: 45+ Year Auxiliary Member Certificates

It is my honor to be this year's 45+ Member Recognition Chairman for Department President Darlene Baker. Department of NY Auxiliary's **45+ Year Members** will receive a Certificate of Appreciation recognizing their years of Auxiliary membership and service to our veterans, their community, and our National Organization.

As we are "Soaring into the Next Century of Service with our Veterans and their Families", President Darlene extends her appreciation to all 45+ Auxiliary members for their continued support of our great organization. Their dedication to our organization and our veterans is truly deserving of recognition.

IMPORTANT NOTE: There is NO report in MALTA that indicates this information. Auxiliaries must review copies of Membership applications or Secretary's minutes to obtain the date a member is accepted.

Complete the form below and return it no later than **May 1, 2025**. Forms may be mailed via USPS or emailed to me. If you send via USPS, please allow at least 5 days for postal delivery. A fillable form has been placed on the Department Auxiliary Website (<u>www.vfwauxny.org</u>). Go to **Resources** -> **Secretary Notes**. The fillable form is located under **End of Year Forms/Reports**.

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Please use the back of this form, or submit a separate sheet, if you require more room to list members. Include **all the information** requested and print neatly in the list below. Thank you in advance for your cooperation in returning this information in a timely manner. Contact me if you have any questions.

Name of VFW Auxiliary: _____

Auxiliary #:_____

45+ Members Name	Member's Membership Number	District Number	Auxiliary Member Number of Years	Will the Member be Attending Department Convention – Yes or No

Name of Contact Person (if there are questions):	
Telephone No.:	_Email: