



112<sup>th</sup> National VFW Convention August 2025 Columbus OH

Not Accepted before April 1, 2025 or after May 31, 2025

To: National Secretary, VFW Auxiliary -406 West 34<sup>th</sup> St., 10<sup>th</sup> Floor; Kansas City, MO 64111

From: VFW Auxiliary # \_\_\_\_\_ Department of New York

VFW Auxiliary Name: \_\_\_\_\_

City and State: \_\_\_\_\_

**\*\*DO NOT SEND THIS FORM IF NAMES HAVE BEEN INPUT THROUGH MALTA\*\***

**Bylaws Section 304- National Convention:** Delegates and Alternates to the National Convention shall be elected at the last regular meeting in April.

\* One (1) Delegate and one (1) Alternate for **each thirty-five (35) members or fraction thereof in good standing in the Auxiliary on March 31, 2025.**

The **Auxiliary Secretary** shall input the names of the delegates and alternates, including their membership ID numbers, within 5 days of the date of the election and NO LATER than May 31, 2025, through his/her member login on the National website: www.vfwauxiliary.org.

**If not input online, Auxiliary Secretary may USPS, email, or fax delegate/alternate information to: Department Secretary Chris Leavor- 2027 Cemetery Hill Rd, Franklinville NY 14737.**

***OR USPS or email delegate/alternate information to: National VFW Auxiliary Secretary-Treasurer- 406 West 34<sup>th</sup> St, 10<sup>th</sup> Floor- Kansas City MO 64111.***

Immediately following April Election but no later than May 31, 2025. This is to certify that the delegates and alternates listed below were duly elected at a regular meeting held on (date) \_\_\_\_\_ with the total VFW Auxiliary membership on March 31, 2025, of (**indicate number of members in good standing on 3/31/25**) \_\_\_\_\_ to represent our VFW Auxiliary at the 112<sup>th</sup> National Convention.

Delegate Credentials will be issued upon check-in at the Convention.

**Delegate/Alternate ID Number and Name are REQUIRED.**

**DELEGATES**

**ID Number                      Member Name**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALTERNATES**

**ID Number                      Member Name**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auxiliary Secretary Name/Address: \_\_\_\_\_

Telephone/Email: \_\_\_\_\_

**NOTE: This is a listing only: NO checks are to be included with this form**