



Veterans of Foreign Wars Auxiliary of the United States Department of New York

2025-2026 ELECTION REPORT for Auxiliary Please "X" here if the Aux Sec has entered in MALTA: \_\_\_\_\_

Return to Department Secretary Chris Leavor :

**IMMEDIATELY AFTER APRIL ELECTION OF OFFICERS (Not later than May 1, 2025)**

**2027 Cemetery Hill Rd., Franklinville NY 14737 or scan and email: CAL2027@hotmail.com**

**\*This information is used to complete the Department Directory. Department Secretary can forward this information to National Headquarters. However, it MUST still be sent to the Department Secretary – even if the Auxiliary Secretary enters it in MALTA**

Official Name of Auxiliary: \_\_\_\_\_ Aux # \_\_\_\_\_ District # \_\_\_\_\_

Annual Dues per Member \$ \_\_\_\_\_ Regular Meeting: Choose one: (1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup>) \_\_\_\_\_ Choose one: (Mon/Tue/Wed/Thu/Fri/Sat/Sun) \_\_\_\_\_

Meeting Time: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Telephone #- Including Area Code \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EIN # \_\_\_\_\_

Address of Regular Meeting Place: (Street, City, State, Zip) \_\_\_\_\_

**President, Secretary (Appointed) and Treasurer CANNOT also hold Trustee Office**

**Secretary MAY also hold one ELECTED office- EXCEPT Trustee. Member ID # MUST be exactly as it appears on current dues card.**

**President:** \_\_\_\_\_ Member # \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**Sr. Vice:** \_\_\_\_\_ Member # \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**Jr Vice:** \_\_\_\_\_ Member # \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**Secretary:** \_\_\_\_\_ Member # \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**Treasurer:** \_\_\_\_\_ Member # \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**Trustee #3:** \_\_\_\_\_ Member # \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**Trustee #2:** \_\_\_\_\_ Member # \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**Trustee #1:** \_\_\_\_\_ Member # \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_