



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

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

Return to Department Secretary Chris Leavor :

**IMMEDIATELY AFTER CONVENTION ELECTION OF OFFICERS (Not later than May 31, 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: \_\_\_\_\_ District # \_\_\_\_\_ EIN # \_\_\_\_\_

Number of Regular Meetings/Year: \_\_\_\_\_ **\*\* Please send meeting dates/locations as soon as possible. Should be received no later than August 31, 2025.**

Meeting Time: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Contact Telephone #- Including Area Code \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Annual Dues per Member: \$ \_\_\_\_\_

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 # \_\_\_\_\_