



**113<sup>th</sup> National VFW Convention July 2026 Reno NV**  
**Not Accepted before April 1, 2026 or after May 31, 2026**

**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:** 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 on March 31, 2026. The **VFW 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, 2026, through his/her member login on the National website: [www.vfwauxiliary.org](http://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, 2026. 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, 2026, of (**indicate number of members in good standing on 3/31/26**) \_\_\_\_\_ to represent our VFW Auxiliary at the 113<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**

\_\_\_\_\_  
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 \_\_\_\_\_  
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**ALTERNATES**

**ID Number                      Member Name**

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

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

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

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