Completing a Change Form

Or

How I made the Department Secretary Happy





			ENSTITE TED APRIL 30, 1925			
AUXILIARY .	OFFICER /	MEM	BER CHANG	E/ME	MBER DEAT	TH REPORT
				CURRENT E	DATE: Jan.	4,2025
AUXILIARY NO. 873	L DISTRICT NO	6	_ MEMBERSHIP ID N	No.] &	10008	
MEMBER'S NAME	Name	of	decease	ed D	ATE OF BIRTH	
CURRENT ADDRESS						
EMAIL ADDRESS						
PHONE NO. HOME:				CELL: _		
INDICAT	E INFORMATIO	N THA	T IS TO BE UPDA	TED (CH	IECK ALL THAT	
CHANGE OF MAILING ADD		CHANGI	E OF ONE NO.	CHANGE EMAIL	E OF ADDRESS	DEATH OF MEMBER Date
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	CHANGE TO.		NAME OF NEW O	FFICER	INDICATE (OFFICE HELD
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FEE FOR NEW M	NEW NAME: FIR	RD: \$5.0	00 FOR ANNUAL	_LAST_ MEMBI	ER-\$10.00 FOR L	IFE MEMBER
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			T SECRETA			
	2027 Ceme	tery H	lill Rd ~ Fran	klinvill	e, NY 14737	
EMAI	L: CAL2027	анот	MAIL.COM - T	ELEPH	ONE: (716) 670	6-2400
FW AUXILIARY	DEPARTM	ENT	OF NEW YO	RK -	QUARTERL	Y AUDIT REPOR

Let's start with the easiest

Reporting a DECEASED Member

Fill In: Aux Number, District, and Membership Number of the DECEASED member at the top.

Check the Box DEATH OF MEMBER and fill in date if known.

NOTE: If your Secretary or Treasurer mark the member **DECEASED** in **MALTA**, you do **not** need to send me this form.

I only need this form if you want **ME** to make the MALTA entry.

Change of Member's Personal Information

At the TOP of the form: Fill in **ALL** information for the member who has a change.

INPUT UPDATED INFORMATION

In other words, if I have moved, put in my NEW address. If I have a new phone number, put in the NEW phone number.

Below **check the box** that indicates the change: If the address is NEW I will change the address in MALTA to the address above.

If you indicate a new phone number, that is what will be changed in MALTA to reflect the information at the top of the page.



AUXILIARY / OFFICER / MEMBER CHANGE / MEMBER DEATH REPORT

CURRENT DATE: Jan. 14, 2025
AUXILIARY NO. 8934 DISTRICT NO. 6 MEMBERSHIP ID NO. 12007]
MEMBER'S NAME Christine Leaver DATE OF BIRTH
CURRENT ADDRESS 2027 Cemetery Hill Franklinville NY 147:
EMAIL ADDRESS CAL 2027 @ hotmail. com
PHONE NO. HOME: 716-676-2400 CELL: 716-397-3633
Which INDICATE INFORMATION THAT IS TO BE UPDATED (CHECK ALL THAT APPLY)
CHANGE OF CHANGE
CHANGE OF CHANGE FROM:
OFFICER NAME OF PREVIOUS OFFICER INDICATE OFFICE HELD CHANGE TO:
NAME OF NEW OFFICER INDICATE OFFICE HELD
NOTE: NEW TREASURER MUST FILE IRS FORM 8822 B WITHIN 60 DAYS CONTACT DEPT. SECRETARY CHRIS LEAVOR IF YOU HAVE QUESTIONS
CHANGE OF MEETING
DAY AND/OR TIME PREVIOUS MEETING DAY/TIME NEW MEETING DAY/TIME
CHANGE OF ANNUAL DUES: PREVIOUS DUES \$NEW DUES AMOUNT \$
CHANGE OF FORMER NAME: FIRST LAST
NEW NAME: FIRSTLAST
FEE FOR NEW MEMBERSHIP CARD: \$5.00 FOR ANNUAL MEMBER - \$10.00 FOR LIFE MEMBER MAKE CHECK PAYABLE TO VFW AUXILIARY DEPARTMENT OF NY EARMARKED "REPLACE CARD."
REPLACE LOST MEMBERSHIP CARD
FEE FOR REPLACEMENT MEMBERSHIP CARD: \$5.00 FOR ANNUAL MEMBER - \$10.00 FOR LIFE MEMBER MAKE CHECK PAYABLE TO VFW AUXILIARY DEPARTMENT OF NY EARMARKED "REPLACE CARD."
SEND COMPLETED FORM TO:
DEPARTMENT SECRETARY Chris Leavor
2027 Cemetery Hill Rd ~ Franklinville, NY 14737
EMAIL: CAL2027@HOTMAIL.COM - TELEPHONE: (716) 676-2400
VEW ALVILLARY DEPARTMENT OF MENT VODE
VFW AUXILIARY DEPARTMENT OF NEW YORK - QUARTERLY AUDIT REPORT

NOTES

A Member may change his/her own information in MALTA.

The Auxiliary Secretary or Treasurer can change information for a member.

If the change is for the President, Secretary or Treasurer, it MUST be reported to the Department Secretary.

ANY change of contact information for these officers, even if it has already been changed in MALTA by the Auxiliary, **must** be reported to the Dept. Secretary.

If the change is for any other member, only send the form to the Dept. Secretary if you want ME to make the change. If made at the Auxiliary level; thank you for your help.

It is important for all members to keep their contact information current.

Also, if the address, phone number, or email for an officer on the **election form** does not match what is currently in MALTA; I change in MALTA to the new information provided. So please take care when filling in the election form this April.

AND

Always provide the member's correct membership number.



AUXILIARY / OFFICER / MEMBER CHANGE / MEMBER DEATH REPORT

To 14. 2025

THE WIDER STANKE			DATE	OF BIRTH	
CURRENT ADDRESS					
EMAIL ADDRESS					
PHONE NO. HOME:			CELL:		
	CATE INFORMATION				
CHANGE				RESS DEATH	
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		NAME OF NEV	W OFFICER	INDICATE OFFICE I	HELD
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	FORMER NAME: FIRST	Г	LAST		to make
CHANGE OF NAME			LACT		

SEND COMPLETED FORM TO: DEPARTMENT SECRETARY Chris Leavor 2027 Cemetery Hill Rd ~ Franklinville, NY 14737

FEE FOR REPLACEMENT MEMBERSHIP CARD: \$5.00 FOR ANNUAL MEMBER - \$10.00 FOR LIFE MEMBER MAKE CHECK PAYABLE TO VFW AUXILIARY DEPARTMENT OF NY EARMARKED "REPLACE CARD."

EMAIL: CAL2027@HOTMAIL.COM - TELEPHONE: (716) 676-2400

VFW AUXILIARY DEPARTMENT OF NEW YORK - QUARTERLY AUDIT REPORT

Fill in Auxiliary information at the top of the form.

Check Box for Change of Annual Dues.

Fill in previous amount and new amount.

This is **ONLY** for reporting the change to Department

I **CANNOT** make this change for you. Your **AUXILIARY TREASURER** needs to make the actual change.

If the Treasurer wants help, I can walk him/her through it. It is very easy.

OR

I am sure the Department Treasurer will help as well.

Reporting a Change of Meeting Day or Time

Complete the Auxiliary information at the top of the form.

Check Box: Change of Meeting Date and/or Time

Provide **Previous** meeting date and time then the **NEW** meeting date and time.

The Auxiliary can make this change in MALTA but **MUST** still report to Department.

*Just note in upper corner that the MALTA change has been made.



AUXILIARY / OFFICER / MEMBER CHANGE / MEMBER DEATH REPORT

			CURRENT DATE	Jan 14,20	25
AUXILIARY NO. 81	34 DISTRICT NO.	MEMBERSHIP ID			
MEMBER'S NAME					
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	01 2007 B				
	Modern Control				33
	TE INFORMATION TI				
CHANGE OF MAILING AD		IGE OF PHONE NO.			OF MEMBER
CHANGE OF OFFICER	CHANGE TO:	NAME OF PREVIO		INDICATE O	
		NAME OF NEW C	FFICER	INDICATE OFFICE HE	L.D
CHANGE OF M	NOTE: NEW TREASURE CONTACT DEPT. SECRETING 3 M TIME PREV	RETARY CHRIS LEAVE	DR IF YOU HAVE	QUESTIONS	AM Y/TIME
CHANGE OF ANN	IUAL DUES: PREVIOUS D	ues\$	_New Dues A	MOUNT \$	
CHANGE OF NAME	FORMER NAME: FIRST				
	NEW NAME: FIRST	5.00 FOR ANNUAL	MEMBER-	\$10.00 FOR LIFE MEN	
FEE FOR REPLACEM	EMBERSHIP CARD ENT MEMBERSHIP CAI PAYABLE TO VFW AU				
		COMPLETED INT SECRETA Hill Rd ~ Fran	RY Chris	Leavor	

EMAIL: CAL2027@HOTMAIL.COM - TELEPHONE: (716) 676-2400

VFW AUXILIARY DEPARTMENT OF NEW YORK - QUARTERLY AUDIT REPORT



AUXILIARY / OFFICER / MEMBER CHANGE / MEMBER DEATH REPORT

CURRENT DATE: Jan. 14, 2025
AUXILIARY NO. 8734 DISTRICT NO. 6 MEMBERSHIP ID NO. 120071
MEMBER'S NAME Christine LEQUOY DATE OF BIRTH
CURRENT ADDRESS 2027 Cemetery Hill Franklinville NY 1473
EMAIL ADDRESS CALZOZZO bot mail. COM
PHONE NO. HOME: 716-676-2400 CELL: 716-397-3633
INDICATE INFORMATION THAT IS TO BE UPDATED (CHECK ALL THAT APPLY)
CHANGE OF CHANGE OF CHANGE OF CHANGE OF Date Date
CHANGE OF CHANGE FROM: NAME OF PREVIOUS OFFICER INDICATE OFFICE HELD CHANGE TO:
NAME OF NEW OFFICER INDICATE OFFICE HELD
NOTE: NEW TREASURER MUST FILE IRS FORM 8822 B WITHIN 60 DAYS CONTACT DEPT. SECRETARY CHRIS LEAVOR IF YOU HAVE QUESTIONS
CHANGE OF MEETING PREVIOUS MEETING DAY/TIME. NEW MEETING DAY/TIME
CHANGE OF ANNUAL DUES: PREVIOUS DUES \$NEW DUES AMOUNT \$
CHANGE OF FORMER NAME: FIRST CHISTINE LAST COW
NAME NAME FIRST PROSECULAR LAST LOGVOY
FEE FOR NEW MEMBERSHIP CARD: \$5.00 FOR ANNUAL MEMBER - \$10.00 FOR LIFE MEMBER MAKE CHECK PAYABLE TO VFW AUXILIARY DEPARTMENT OF NY EARMARKED "REPLACE CARD."
REPLACE LOST MEMBERSHIP CARD FEE FOR REPLACEMENT MEMBERSHIP CARD: \$5.00 FOR ANNUAL MEMBER - \$10.00 FOR LIFE MEMBER MAKE CHECK PAVABLE TO VFW AUXILIARY DEPARTMENT OF NY EARMARKED "REPLACE CARD."
SEND COMPLETED FORM TO:
DEPARTMENT SECRETARY Chris Leavor
2027 Cemetery Hill Rd ~ Franklinville, NY 14737 EMAIL: CAL2027@HOTMAIL.COM - TELEPHONE: (716) 676-2400

Reporting a Name Change

At the top of the form, complete **all** information for the person with the change.

Most important is **Membership Number**.

Birth date is really only used to verify I have found the correct Christine Leavor.

Note: I go by "Chris" but the name on my card is Christine. Please provide correct name. Sandra/not Sandy or Theresa/not Terry

Check Box: Change of Name and fill in appropriate information.

Your Auxiliary will be responsible for ordering a new card for this member. The responsible party for the cost is up to you.

VFW AUXILIARY DEPARTMENT OF NEW YORK - QUARTERLY AUDIT REPORT

Replacing a Membership Card

This seems like a good place to discuss the next box down:

REPLACE LOST MEMBERSHIP CARD

I'm not sure why this is on this form.

If you send me a check made payable to the Department of NY; I have to send that check and form to the Department Treasurer Kim White. I suggest your Auxiliary send the check to Kim White directly for the replacement membership card.

OR Request to have <u>your Treasurer</u> order the card on MALTA.

It's faster and much easier.

I can order a new card for MY AUXILIARY; I cannot do it on MALTA for yours.

Frankly I do not think this box belongs on this form.

Reporting a Change of Officer

This is the most common reason for using this form and the most confusing.

The top portion needs to be completely filled in with the information for the **NEW OFFICER**.

(I don't really care about birth date except to verify I have the right member. If the Auxiliary provides the correct Membership number, that is not an issue.)

MEMBERSHIP NUMBER is absolutely **required**. Officers are entered in MALTA by Membership Number. Contact information needs to be **absolutely correct**. If it does not match what is in MALTA, I will change MALTA to the new information.

Check Box: Change of Officer

First Line - Previous Officer Second Line- New Officer whose information is all at the top of the form.

(If I had a previous office such as Guard put it on the line but if I held no office at the time of my appointment, then leave it blank.)



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AUXILIARY / OFFICER / MEMBER CHANGE / MEMBER DEATH REPORT	
CURRENT DATE: Tap. 14, 2025	
Pauxiliary No. 8034 District No. 6 Membership ID No. 120071	
MEMBER'S NAME Christine Leavov Date of Birth	
	17
	110
EMAIL ADDRESS CALZOZYO botmail. Com	
PHONE NO. HOME: 716-1076-2400 CELL: 716-397-3633	
INDICATE INFORMATION THAT IS TO BE UPDATED (CHECK ALL THAT APPLY)	
CHANGE OF CHANGE	K
CHANGE OF CHANGE FROM: Dehore Downer Secretary	
OFFICER OFFICER NAME OF PREVIOUS OFFICER CHANGE TO: CON STANDS DE COVO	
NAME OF NEW OFFICER INDICATE OFFICE HELD	
NOTE: NEW TREASURER MUST FILE IRS FORM 8822 B WITHIN 60 DAYS	
CONTACT DEPT. SECRETARY CHRIS LEAVOR IF YOU HAVE QUESTIONS	
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CHANGE OF FORMER NAME: FIRSTLASTLAST	
Non-Marie Finer LAST	
FEE FOR NEW MEMBERSHIP CLAD: \$5.00 FOR ANNUAL MEMBER - \$10.00 FOR LIFE MEMBER MAKE CHECK PAYABLE TO VFW AUXILIARY DEPARTMENT OF NY EARMARKED "REPLACE CARD."	
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MAKE CHECK PAY ABLE TO VFW ALXILIARY DEPARTMENT OF NY EARMARKED "REPLACE CARD."	
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EMAIL: CALZUZ/W HOTMAILICOM TENED HOTEL	
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VFW AUXILIARY DEPARTMENT OF NEW YORK - QUARTERLY AUDIT REI	UK

Questions?

If at ANY time you need help or have a question CALL me at **716-676-2400**.

This is a landline - always call it as your first choice.

Leave a message as we screen calls. When I hear who you are or that you are calling regarding the Auxiliary, I will either pick up, or return the call as soon as possible.

OR email me: CAL2027@hotmail.com

I always try to acknowledge an email. If you don't receive a response from me in a day or two at most, email again or call the above number.

I have had a number of emails recently go to "JUNK" so check on me!

It is my job, but more importantly it is my pleasure, to serve our members.