

# Completing a Change Form

Or

How I made the  
Department Secretary  
Happy



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 Name of deceased DATE OF BIRTH \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE NO. HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

INDICATE INFORMATION THAT IS TO BE UPDATED (CHECK ALL THAT APPLY)

CHANGE OF MAILING ADDRESS  CHANGE OF TELEPHONE NO.  CHANGE OF EMAIL ADDRESS  DEATH OF MEMBER Date \_\_\_\_\_

CHANGE OF OFFICER 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 DAY AND/OR TIME PREVIOUS MEETING DAY/TIME \_\_\_\_\_ NEW MEETING DAY/TIME \_\_\_\_\_

CHANGE OF ANNUAL DUES: PREVIOUS DUES \$ \_\_\_\_\_ NEW DUES AMOUNT \$ \_\_\_\_\_

CHANGE OF NAME FORMER NAME: FIRST \_\_\_\_\_ LAST \_\_\_\_\_  
NEW NAME: FIRST \_\_\_\_\_ LAST \_\_\_\_\_

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

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.

  
INSTITUTED APRIL 30, 1925

**AUXILIARY / OFFICER / MEMBER CHANGE / MEMBER DEATH REPORT**

CURRENT DATE: Jan. 14, 2025

AUXILIARY No. 8034 DISTRICT No. 6 MEMBERSHIP ID No. 120071

MEMBER'S NAME Christine Leavor DATE OF BIRTH \_\_\_\_\_

CURRENT ADDRESS 2027 Cemetery Hill Franklinville NY 14737

EMAIL ADDRESS CAL2027@hotmail.com

PHONE No. HOME: 716-676-2400 CELL: 716-397-3633

*\* Which one is new*  **CHANGE OF MAILING ADDRESS**  **CHANGE OF TELEPHONE NO.**  **CHANGE OF EMAIL ADDRESS**  **DEATH OF MEMBER**  
Date \_\_\_\_\_

**CHANGE OF OFFICER** 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 DAY AND/OR TIME** PREVIOUS MEETING DAY/TIME \_\_\_\_\_ NEW MEETING DAY/TIME \_\_\_\_\_

**CHANGE OF ANNUAL DUES:** PREVIOUS DUES \$ \_\_\_\_\_ NEW DUES AMOUNT \$ \_\_\_\_\_

**CHANGE OF NAME** FORMER NAME: FIRST \_\_\_\_\_ LAST \_\_\_\_\_  
NEW NAME: FIRST \_\_\_\_\_ LAST \_\_\_\_\_

**REPLACE LOST MEMBERSHIP CARD**  
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."

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FEE FOR REPLACEMENT MEMBERSHIP CARD: \$5.00 FOR ANNUAL MEMBER - \$10.00 FOR LIFE MEMBER  
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2027 Cemetery Hill Rd ~ Franklinville, NY 14737  
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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.



INSTITUTED APRIL 30, 1925

**AUXILIARY / OFFICER / MEMBER CHANGE / MEMBER DEATH REPORT**

CURRENT DATE: Jan 14, 2025

AUXILIARY No. 8734 DISTRICT No. 6 MEMBERSHIP ID No. 120091

MEMBER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE No. HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

INDICATE INFORMATION THAT IS TO BE UPDATED (CHECK ALL THAT APPLY)

CHANGE OF MAILING ADDRESS  CHANGE OF TELEPHONE NO.  CHANGE OF EMAIL ADDRESS  DEATH OF MEMBER Date \_\_\_\_\_

CHANGE OF OFFICER 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 DAY AND/OR TIME \_\_\_\_\_ PREVIOUS MEETING DAY/TIME \_\_\_\_\_ NEW MEETING DAY/TIME \_\_\_\_\_

CHANGE OF ANNUAL DUES: PREVIOUS DUES \$ 20.00 NEW DUES AMOUNT \$ 25.00 \* *AUX Treas will need to make change in MAJ*

CHANGE OF NAME FORMER NAME: FIRST \_\_\_\_\_ LAST \_\_\_\_\_  
NEW NAME: FIRST \_\_\_\_\_ LAST \_\_\_\_\_

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  
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VFW AUXILIARY DEPARTMENT OF NEW YORK - QUARTERLY AUDIT REPORT

## Reporting a Dues Change

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.*

  
INSTITUTED APRIL 30, 1925

**AUXILIARY / OFFICER / MEMBER CHANGE / MEMBER DEATH REPORT**

CURRENT DATE: Jan 14, 2025

AUXILIARY No. 8134 DISTRICT No. 6 MEMBERSHIP ID No. \_\_\_\_\_  
MEMBER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
CURRENT ADDRESS \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
PHONE No. HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

**INDICATE INFORMATION THAT IS TO BE UPDATED (CHECK ALL THAT APPLY)**

CHANGE OF MAILING ADDRESS     CHANGE OF TELEPHONE NO.     CHANGE OF EMAIL ADDRESS     DEATH OF MEMBER Date \_\_\_\_\_

CHANGE OF OFFICER    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 DAY AND/OR TIME    3<sup>rd</sup> Mon. 7 PM    1<sup>st</sup> Sat. 10 AM  
PREVIOUS MEETING DAY/TIME    NEW MEETING DAY/TIME

CHANGE OF ANNUAL DUES: PREVIOUS DUES \$ \_\_\_\_\_ NEW DUES AMOUNT \$ \_\_\_\_\_

CHANGE OF NAME    FORMER NAME: FIRST \_\_\_\_\_ LAST \_\_\_\_\_  
NEW NAME: FIRST \_\_\_\_\_ LAST \_\_\_\_\_

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

VFW AUXILIARY DEPARTMENT OF NEW YORK – QUARTERLY AUDIT REPORT



INSTITUTED APRIL 30, 1925

**AUXILIARY / OFFICER / MEMBER CHANGE / MEMBER DEATH REPORT**

CURRENT DATE: Jan. 14, 2025

AUXILIARY No. 8934 DISTRICT No. 6 MEMBERSHIP ID No. 120071  
MEMBER'S NAME Christine Leavor DATE OF BIRTH \_\_\_\_\_  
CURRENT ADDRESS 2027 Cemetery Hill Franklinville NY 14737  
EMAIL ADDRESS CAL2027@hotmail.com  
PHONE No. HOME: 716-676-2400 CELL: 716-397-3633

INDICATE INFORMATION THAT IS TO BE UPDATED (CHECK ALL THAT APPLY)

CHANGE OF MAILING ADDRESS     CHANGE OF TELEPHONE NO.     CHANGE OF EMAIL ADDRESS     DEATH OF MEMBER Date \_\_\_\_\_

CHANGE OF OFFICER    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 DAY AND/OR TIME    PREVIOUS MEETING DAY/TIME \_\_\_\_\_    NEW MEETING DAY/TIME \_\_\_\_\_

CHANGE OF ANNUAL DUES: PREVIOUS DUES \$ \_\_\_\_\_    NEW DUES AMOUNT \$ \_\_\_\_\_

CHANGE OF NAME:    FORMER NAME: FIRST Christine    LAST Crow  
NEW NAME: FIRST Christine    LAST Leavor

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  
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VFW AUXILIARY DEPARTMENT OF NEW YORK - QUARTERLY AUDIT REPORT

## 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.

## 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 **your Treasurer** 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.)*

  
INSTITUTED APRIL 30, 1925

**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 Leavor DATE OF BIRTH \_\_\_\_\_

CURRENT ADDRESS 2027 Cemetery Hill Franklinville NY 14737

EMAIL ADDRESS CAL2027@hotmail.com

PHONE No. HOME: 716-676-2400 CELL: 716-397-3633

INDICATE INFORMATION THAT IS TO BE UPDATED (CHECK ALL THAT APPLY)

<input type="checkbox"/> CHANGE OF MAILING ADDRESS	<input type="checkbox"/> CHANGE OF TELEPHONE NO.	<input type="checkbox"/> CHANGE OF EMAIL ADDRESS	<input type="checkbox"/> DEATH OF MEMBER Date _____
<input checked="" type="checkbox"/> CHANGE OF OFFICER	CHANGE FROM: <u>Debbie Downer</u> NAME OF PREVIOUS OFFICER	<u>Secretary</u> INDICATE OFFICE HELD	
	CHANGE TO: <u>Christine Leavor</u> 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

<input type="checkbox"/> CHANGE OF MEETING DAY AND/OR TIME	PREVIOUS MEETING DAY/TIME: _____	NEW MEETING DAY/TIME: _____
<input type="checkbox"/> CHANGE OF ANNUAL DUES:	PREVIOUS DUES \$ _____	NEW DUES AMOUNT \$ _____
<input type="checkbox"/> CHANGE OF NAME:	FORMER NAME: FIRST _____ LAST _____	NEW NAME: FIRST _____ LAST _____

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."

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VFW AUXILIARY DEPARTMENT OF NEW YORK - QUARTERLY AUDIT REPORT

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## 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](mailto: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.