

How to Create a MALTA account

MALTA



Rachel DelDuco - President
VFW Post 5491 Auxiliary
Mahopac, NY

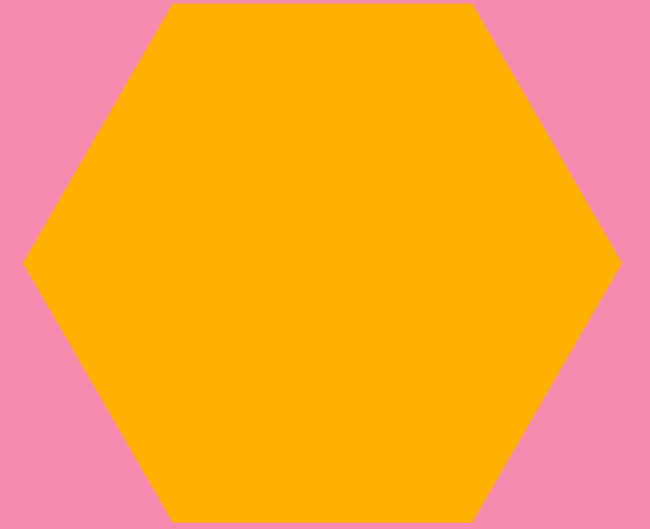


What is MALTA?

**Membership
Auxiliary
Leadership
Technology**



Why should I make a MALTA account?



1.

Digital Membership
Card

2.

Annual Members:
Pay Dues

3.

Member Resources:
Podium Book
Training Materials
Cancer Grant Application

Create your account



Get your member ID

- on Membership card
- from Auxiliary President



MALTA Website

<https://malta.vfwauxiliary.org>

2



MALTA Login

Member ID Number ?

Password

[Forgot / Reset Password](#)

Login

MALTA Activation

If this is your first time using MALTA, please activate your account

Activate Account

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Activate Account

MALTA Activation

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Activate Account

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Activate Account

First Name

Last Name

Member ID Number

ZIP/Postal Code

Activate Account

[Cancel](#)



Account Activation Status

Your account activation is almost complete.
Please create your password.

It must be 8 to 15 characters and contain

- 1 Capital Letter
- 1 Lower Case Letter
- 1 Number
- 1 Special Character (!@#\$%^&*_+=)

New Password

Password

Confirm Password

Confirm Password

Activate Account

Close



Account Created!

Click “Continue”

Account Activation Status

Your account has been successfully activated.

Press continue to login.

Continue

Close

Member Portal



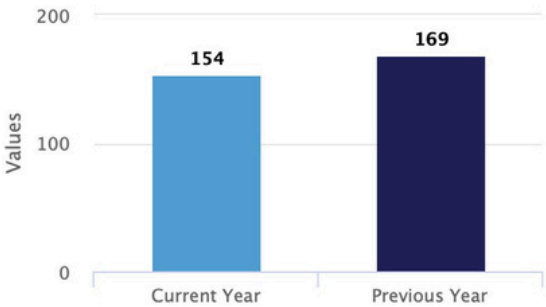


The Greater Mahopac Auxiliary Dashboard

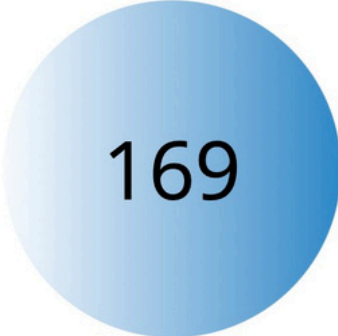
Members Paid for 2027



Current vs Previous Year Member Counts



Members Paid for 2026



Membership Information

Member ID	
Member Since (System Date)	December 15, 2003
Membership Type	Life
Alternate	2026 National Convention - Reno, NV
Member Join Date (Informal Date)	December 15, 2003 Edit

Auxiliary Information

The Greater Mahopac Auxiliary	
Address	Located In Mahopac, NY 10541
Meeting Time	2nd Tuesday 6:30 PM
Meeting Phone	(845) 628-9798
Meeting Location	154 East Lake Blvd, Mahopac, New York 10541
Institution Date	11/09/1948
Auxiliary Annual Dues	\$43.00

Officers

The Greater Mahopac Auxiliary

President	Rachel E DelDuco
Secretary	Teresa M Kane
Treasurer	Joan Duschaneck

District 2 Department of New York

President	Lori Juskiewicz
Secretary	Linda Larosa
Treasurer	Sandra L Flynn

Department of New York

President	Belinda J Cole
Senior Vice President	Charlene Carnright
Junior Vice President	Deanna Guyette
Secretary	Amber Sullivan
Treasurer	Kimberly White
Chaplain	Craig E Keitel
Conductor	Christine A Leavor
Guard	Kimberly Cavallo
Chief of Staff	Ruth Huber

National Officers

President	Donna K Mills
Senior Vice President	Kim Harney
Junior Vice President	Sandra L Uzell
Secretary	Ann Panteleakos
Treasurer	Ann Panteleakos
Chaplain	Margaret "Janey" Jane Feher
Conductor	Cynthia P Davis
Guard	Jeanette D Garcia
Chief of Staff	Bette Jean Biedrzycki

UPDATE
YOUR
PROFILE



REGISTER
FOR
EVENTS



Member Portal Resources

Please click on each to go to
that page within the slideshow

[Manage Profile](#)

[View Membership
Card](#)

[Payments/Receipts](#)

[Make a Gift](#)

[Reports](#)

[Cancer Grants](#)

[Member Resources](#)

Manage Profile

- Add/change contact information (if you change anything, please let the President/secretary know)
- Membership status
- Eligibility (feel free to add this in)
- View your officer history



My Profile

Payments & Receipts

[Change Password](#)

Contact Information

Addresses

+ Add Address

(Primary) Edit

Mahopac, NY

10541-3356 USA

Phones

+ Add Phone

(Primary) Edit

Emails

+ Add Email

(Primary) Edit

Membership

Edit





Name

Date of Birth

Is a Veteran

Type

Status

Auxiliary

Karen R DelDuco

-

Life Member

Current

The Greater Mahopac Auxiliary

Eligibility

Edit

Name of Veteran

Relationship to Veteran

Branch

Location of Service

-

-

-

-

Payments/ Receipts

- Find this under “Profile” tab
- Make Annual Membership payments

Payments/Receipts						
Payment Type	Payment Date	Payment Method	Description	Receipt Number	Amount	Reference



View Membership Card



- Find this at the top right of the home page
- Download your card to your phone

Membership Card

[Print Card](#)[Order a Replacement](#)[Download Card](#)[Cancel](#)



NO:

LIFE MEMBER

NAME: KAREN R DELDUCO
AUXILIARY: 5491
LOCATED IN: MAHOPAC, NY



Make a Gift

- You can make your own, personal monetary donation to multiple National Auxiliary funds

Make a Gift - Karen R DelDuco

Make a Gift

Gift History By Year

Year	Fund	Amount	Date	Processed By
------	------	--------	------	--------------

Fund Totals History

Fund	Total Given
------	-------------



Fund	Amount
Cancer Aid & Research	\$
Health & Happiness	\$
Patriotic Art	\$
Continuing Education	\$
National Presidents Special Project	\$
Total Gift Amount	\$0.00

Reports

- Membership Reports
- Gift Summaries

Membership Summary

Report totals are updated at midnight every night

Membership Year

2026-27

▼

Department(s)

Select Departments

District

Select Districts

Auxiliary

Select Auxiliaries

Close

Search

☒ Show Auxiliaries

☒ Show Districts

☒ Show Department At Large

☒ Show National At Large

Print

Download CSV

Download Excel



Cancer Grants

- Access the Cancer Grant Application

Cancer Grant Application

Instructions:

- * Member must meet eligibility requirements below.
- * Member and Physician sections must be completed **legibly** and in its **entirety**. If member is unable to sign, a Power of Attorney (POA) may sign. If POA signs, then POA documentation must be submitted.
- * If the member is deceased, next of kin may submit application with documentation of proof of death such as obituary, doctor's letter, death certificate, etc. Application and proof of death must be received at VFW Auxiliary National Headquarters within 30 days of member's passing.
- * Grants will **ONLY** be made payable to the VFW Auxiliary member.
- * Do NOT send any other supporting documents, as it will not be considered.
- * **Mail** original, completed application to:
VFW Auxiliary National Headquarters
Attn: Cancer Grants
406 West 34th Street, 10th Floor
Kansas City, MO 64111



Eligibility Requirements:

- 1) Applicant must be a member of the VFW Auxiliary for one (1) full year and current dues must be paid.
 - 2) After twelve (12) months have passed from date of diagnosis or last treatment, application will be rejected.
 - 3) A member is allowed two grants during lifetime.
- Twelve (12) months must elapse between new diagnosis and/or treatment from date of first grant.
Continuous treatment which lasts beyond the twelve (12) month period may qualify for a second grant.*

THIS SECTION IS TO BE FILLED OUT BY MEMBER	THIS SECTION IS TO BE FILLED OUT BY ATTENDING PHYSICIAN
Membership ID #	Type of cancer diagnosed
Auxiliary Post #	Date diagnosed with this cancer (MM/DD/YYYY)
Member's Name (as shown on membership card)	Date of most recent/last cancer treatment: (MM/DD/YYYY)
Date of Birth (MM/DD/ YYYY)	Physician's Office / Hospital Name
Email Address	Phone Number
Phone Number	Physician's Name
Street Address	Street Address
City, State and ZIP Code	City, State and ZIP Code
Member's Signature	Physician's Signature
Date Member Signed (MM/DD/YYYY)	Date Physician Signed (MM/DD/YYYY)

By submission of this application, you grant authority for the VFW Auxiliary to contact the attending physician.
If grant is approved, funds must be deposited within six months or the grant is forfeited. REV. 8/24



Member Resources

Program Information/Ideas

National Convention Info.

Guidebook for Officers, Chairmen, &
Members

Podium Book & Bylaws

Benefit Hub Info.
MALTA App
Miscellaneous Resources!!!

That's a Wrap!

