MEMBERSHIP

2023-2024 Year End Report

Submit 2 Copies To Your District President by March 31, 2024

Auxiliary Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did your **Auxiliary** utilize any of the Membership materials/resources available

 in MALTA Member Resources? \_\_\_\_\_

2. Did your **Auxiliary** promote, participate, host or co-host with their VFW Post,

 activities regarding VFW and/or VFW Auxiliary education and Membership

 Recruitment? \_\_\_\_\_

3. Did your **Auxiliary** regularly educate your members on the benefits of their

 membership? (Example: insurance plans, travel benefits, cancer grants,

 hearing plans, etc.) \_\_\_\_\_

4. Did your **Auxiliary** educate your members on the National Membership Program

 Awards? \_\_\_\_\_

5. Did any **Auxiliary** **members** participate in any recruiting event on any level? \_\_\_\_\_

6. Did your **Auxiliary** recruit at least one new member? \_\_\_\_\_

**Auxiliary President:** (Please Print) **Auxiliary Chairman:** (Please Print)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_