

CHIEF OF STAFF / EXTENSION

2020-2021 YEAR-END REPORT

Submit Two (2) Copies To Your District President by **March 31, 2021**

Auxiliary Name: _____

Auxiliary # _____ District # _____

Auxiliary Membership as of June 30, 2020 _____

How many Good Job Award(s) were presented to members, VFW Members or non-members?

_____ Example of reason presented: _____

Did your Auxiliary receive a Certificate of Good Health? ____ Yes ____ No

Did the Auxiliary use training and the Building on the VFW Auxiliary Foundation guidebooks?

____ Yes ____ No If yes, how did you use? (Describe to be eligible for award.)

Did you use any type of publicity to revitalize participation in your Auxiliary? ____ Yes

____ No

If yes, what media was used and how many times? ____ TV ____ Radio ____ Newspaper

____ Fliers ____ Facebook/Social Media ____ Auxiliary/Post Newsletter (Attach proof to be eligible for award.)

Use additional pages if necessary to complete comments.

Auxiliary President

Signed _____

Address _____

City/State/Zip _____

Phone Number _____

Auxiliary Chairman

Signed _____

Address _____

City/State/Zip _____

Phone Number _____