

VFW Auxiliary Appointed Chairman

District # _____ Auxiliary # _____

Keep one copy of this form for the Auxiliary President and send a copy to your District President and the Department Office following installation of officers.

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|---|--------|
| AMERICANISM/PATRIOTIC INSTRUCTOR | Phone: |
| Chairman | |
| Address | Email: |
| BUDDY POPPY / NATIONAL HOME | Phone: |
| Chairman | |
| Address | Email: |
| CHIEF OF STAFF | Phone: |
| Chairman | |
| Address | Email: |
| AUXILIARY OUTREACH | Phone: |
| Chairman | |
| Address | Email: |
| HOSPITAL | Phone: |
| Chairman | |
| Address | Email: |
| LEGISLATIVE | Phone: |
| Chairman | |
| Address | Email: |
| MEDIA RELATIONS | Phone: |
| Chairman | |
| Address | Email: |
| MENTORING FOR LEADERSHIP | Phone: |
| Chairman | |
| Address | Email: |
| MEMBERSHIP | Phone: |
| Chairman | |
| Address | Email: |
| SCHOLARSHIPS | Phone: |
| Chairman | |
| Address | Email: |
| VETERANS & FAMILY SUPPORT | Phone: |
| Chairman | |
| Address | Email: |
| YOUTH ACTIVITIES / CAMP TROTTER | Phone: |
| Chairman | |
| Address | Email: |

