

**VFW AUXILIARY DEPARTMENT OF WASHINGTON
DISTRICT PRESIDENT'S MONTHLY REPORT**

District Number _____

Report for month ending _____

HAVE YOU HELD A DISTRICT MEETING DURING THIS REPORTING PERIOD?

Yes No **IF YES, PLEASE COMPLETE THE FOLLOWING.**

DATE OF MEETING _____ **LOCATION** _____

NUMBER OF MEMBERS PRESENT _____ **NUMBER OF GUESTS** _____

NUMBER OF AUXILIARIES REPRESENTED AT THIS MEETING _____ **OUT OF** _____

All District Meetings are School of Instruction and promotion of programs, with the exception of the District Convention. Check the following if they were presented and give highlights and/or comments on the back page.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Americanism | <input type="checkbox"/> Extension, Revitalization & Mentoring |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Community Outreach <input type="checkbox"/> Buddy Poppy/National Home |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Legislative <input type="checkbox"/> Historian/ Media Relations |
| <input type="checkbox"/> Scholarships | <input type="checkbox"/> Veterans & Family Support <input type="checkbox"/> Youth Activities |

Please list any Auxiliary Meetings or functions attended and purpose for attending beginning with the date and include Auxiliary name and number if applicable:

What activities are the Auxiliaries in your District participating in? Are they doing anything for Veterans, Family or Community Events: _____

What upcoming events/programs are they working on?: _____

(Please use additional sheet if necessary)

Is any Auxiliary in your District having problems requiring attention? Yes _____ No _____

If yes: Auxiliary Name _____ Auxiliary No. _____

Please give details of the problems and your recommendations for solving them:

If you deem it necessary to have a Department Officer assist with solving the problems of this Auxiliary, please **CONTACT DEPARTMENT PRESIDENT SUE GREGG IMMEDIATELY.**

NOTE: These monthly reports are to be completed and sent not later than the following month (July report due by August 15th, etc.)

Additional Comments:

Signature _____
(May be typed)

EMAIL TO: Sue Gregg sue9332000.sg@gmail.com and Lori Nettles lorinhardy@yahoo.com

by the 15th of the following month, or send to:

Sue Gregg
Dept. President
2110 Market Street # 16
Mount Vernon, WA 98273

Lori Nettles
Dept. Chief of Staff
2747 Mt. Baker Hwy.
Bellingham, WA 982226

Keep a copy for your records