

INPUT INTO MALTA OR MAIL TO DEPARTMENT SECRETARY BY JUNE 30th 20__ - 20__

Installation Report for Auxiliaries/Districts (short form)

The following information about the Auxiliary's meetings is required:

Date of Installation: _____ Continuous Annual Dues Per Member: \$ _____

Meeting Date: 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ Last ☐ (select Date)

Meeting Day: Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun. ☐ (select Day)

Meeting Time: _____ A.M. ☐ P.M. ☐ (select A.M. or P.M.)

Meeting Place: _____

Meeting Street Address: _____

Meeting City: _____ Meeting State and ZIP: _____

Phone No. of Meeting Place: (____) _____ Please note offices/positions denoted with an asterisk (*) listed below are REQUIRED.

President*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
Mailing Address					
City		State	Zip Code	Primary Phone Number (Home/Cell/Work) ☐ Home ☐ Cell ☐ Work	
Senior-Vice President*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
Mailing Address					
City		State	Zip Code	Primary Phone Number (Home/Cell/Work) ☐ Home ☐ Cell ☐ Work	
Junior-Vice President*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
Mailing Address					
City		State	Zip Code	Primary Phone Number (Home/Cell/Work) ☐ Home ☐ Cell ☐ Work	

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Secretary*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				☐ Home ☐ Cell ☐ Work

Treasurer*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				☐ Home ☐ Cell ☐ Work

Trustee No. 3*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				☐ Home ☐ Cell ☐ Work

Trustee No. 2*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				☐ Home ☐ Cell ☐ Work

Trustee No. 1*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				☐ Home ☐ Cell ☐ Work

The Installing Officer certifies that he/she is a Past Auxiliary President or held higher elective Auxiliary office; or he/she is a Past Post Commander or held higher elective Post office; and all Bylaws and Regulations have been complied with according to National and Department Headquarters.

Signature of Installing Officer

Title of Installing Officer

Date