

**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** \_\_\_\_\_

**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/Retention	<input type="checkbox"/> Hospital
<input type="checkbox"/> Legislation	<input type="checkbox"/> Membership	<input type="checkbox"/> Scholarship
<input type="checkbox"/> Youth Activities	<input type="checkbox"/> Veterans and Family Support	

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

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_

What activities are the Auxiliaries in your District participating in? Are they doing anything for Veterans, Fun & 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:

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If you deem it Necessary to have a Department Officer assist with solving the problems of this Auxiliary, please  
**CONTACT YOU'RE THE DEPARTMENT PRESIDENT, Robyn Sterrett**

**NOTE: These monthly reports are to be completed and sent not later than the fifth of the month following the report month (i.e. July report due August 5<sup>th</sup>, etc.)**

Additional Comments:

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**Signature** \_\_\_\_\_  
(May be typed)

**MAIL DIRECTLY TO THE FOLLOWING:**

Send Original to: Karen Flynn, Dept. Chief of Staff  
1736 Bluegrass Ln., Wenatchee WA 98801  
ksf10@hotmail.com

Copy to: Robyn Sterrett, Dept. President  
35817 N Arlington R., Deer Park WA 99006  
robynsterrett@gmail.com

**Keep a copy for your records**