VFW AUXILIARY DEPARTMENT OF WASHINGTON 2026 – 2027

Date of Visit: _____Auxiliary #_____District #_____

VFW Auxiliary Name: _____
Auxiliary Address: _____City: _____Zip: _____
Day/Date of regular Business meeting: _____Meeting Start Time: _____
1. Has the office of President, Secretary, or Treasurer changed since installation?_____
If YES was the change reported to the Department & National Headquarters? _____
2. Date of Bond? _____ Bonded by whom? _____
3. How many regular Business Meetings are held in the year? _____
If less than 12, what are the blackout months? _____
4. Previous year's membership as of June 30 _____Membership at time of Visit _____
5. Is the meeting conducted by the President YES___ / NO____ following the Auxiliary Order of Business according to the Ritual YES___NO___, using the Current Podium Edition YES___/NO___. If NO to any of these, explain on the back of the form.
6. Is the Charter displayed during the meeting? ____yes ____no
7. By a show of hands, request to know: Number of members logged into MALTA? _____ Use National Resources/National Web site: _____ Receive e-newsletter: _____ Members who receive Action Core & respond to Action Alerts: _____
8. Are the Treasurer's books kept according to the Booklet of Instruction? _____ Date of last audit: _____. Books signed by the Trustees performing said audit: **YES**____ ___**NO**__Number of Trustees that signed? _____. Is the audit incorporated into the Secretary's Book? _____.
9. Does the auxiliary have a banner, and is it displayed? ____yes ____no

10. Have Auxiliary Chairmen been appointed for all of the Nat'l Programs? _____. If not, which ones were not: _____?
Were reports asked for all the Programs? _____. If there was no report given for a program, WHY?

_____

During the meeting what items of interest were shared_____

_____

Provide information pertaining to what the auxiliary's strong points are:

_____

_____

Where do you think the Auxiliary could use some mentoring?

_____

_____

THE RECORDS OF THE SECRETARY & TREASURER MUST BE SIGNED BY THE VISITING OFFICER.

I CERTIFY I HAVE VISITED THE AUXILIARY LISTED ABOVE

Name_____ Position_____

- 1 copy for the Auxiliary President.
- 1 copy for the Department President sent to: Tracie Tomsen via email VFWttomsen@outlook.com or mail VFW Dept of WA Auxiliary, Attn: Tracie Tomsen, 5213 Pacific Highway East, Fife, WA 98424.
- 1 copy sent to the Department Chief of Staff: Karen Flynn via email ksf10@hotmail.com or mail 1736 Bluegrass Ln., Wenatchee, WA 98801.

Within (7) days after the visitation