Send to: Margie Lindberg - margiesvfwaux@yahoo.com

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Auxiliary Name #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Did you utilized any of the Legislative material/resources available in:

 MALTA Member Resources: **Yes\_\_\_\_ No\_\_\_\_**

 Department Webpage: **Yes\_\_\_\_ No\_\_\_\_**

 What was most useful? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Number of Auxiliary members who are subscribed to VFW’s Action Corps Weekly E-Newsletter. **# \_\_\_\_\_\_**
2. Did your Auxiliary promote, participate and/or host activities regarding the VFW Priority Goals.

 **Yes\_\_\_\_ No\_\_\_\_**

 What did you do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did your Auxiliary promote, participate or co-host with their VFW Post, activities regarding the VFW Priority Goals. **Yes\_\_\_\_ No\_\_\_\_**

 What did you do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Number of Auxiliary members who contacted their legislators on veteran issues by any means

(example: emails, letters, postcards, phone calls, etc.)

 **# \_\_\_\_\_\_**

1. Number of Auxiliary members who attended events where they could interact with legislators (example: legislative conferences, town halls, meet-and-greets, etc.)

 **# \_\_\_\_\_\_**

1. Did your Auxiliary promote, participate or co-host with their VFW Post, activities regarding Voter Registration?

 **Yes\_\_\_\_ No\_\_\_\_**

 What did you do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*(Additional comments and photos maybe included on a separate sheet. Be sure to include your AUX #.)*

Chairman’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CC: District President