



Chairman  
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1. Did your auxiliary partner with another organization not affiliated with the VFW or he VFW Auxiliary? Yes                      No
2. How Many Organizations did your Auxiliary Partnered with this year? \_\_\_\_\_
3. How many combined member and/or Auxiliaries hours Volunteered with another Organization that is not affiliated with the VFW or VFW Auxiliary? \_\_\_\_\_

**Comments:**

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Auxiliary Number and Name \_\_\_\_\_

District # \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_