

Membership Program



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Name:	Phone:
Address:	Email:
	District:
Date of Report:	Auxiliary:
Does your Auxiliary hold recruiting events? Yes	
Does your Auxiliary speak to your VFW members about eligible family members? YesNo _	
s your Auxiliary promoting the Membership QR (Code? YesNo
Does your Auxiliary utilize Malta resources for rec	cruiting? YesNo
Which resource(s)?	
Does your Auxiliary encourage Life Membership fo	
n what ways:	
Does your Auxiliary hold any drawings, contests, e	etc for:
Early Annual Renewal? YesNo	
Annual Renewal by 10-31? YesNo	
Annual Renewal by 10-31? YesNoNo	
·	i p QR Code ? YesNo