

INPUT INTO MALTA OR MAIL TO DEPARTMENT SECRETARY BY JUNE 30, 2026

2026-2027 Installation Report for Auxiliaries/Districts (long form)

The following information about the Auxiliary's meetings is required:

Date of Installation: _____ Continuous Annual Dues Per Member: \$ _____

Meeting Date: 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ Last ☐ (select Date)

Meeting Day: Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun. ☐ (select Day)

Meeting Time: _____ A.M. ☐ P.M. ☐ (select A.M. or P.M.)

Meeting Place: _____

Meeting Street Address: _____ Meeting City: _____ Meeting State and ZIP: _____, _____

Phone No. of Meeting Place: (____) _____ Please note offices/positions denoted with an asterisk (*) listed below are REQUIRED.

President*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				☐ Home ☐ Cell ☐ Work

Senior-Vice President*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				☐ Home ☐ Cell ☐ Work

Junior-Vice President*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				☐ Home ☐ Cell ☐ Work

INPUT INTO MALTA OR MAIL TO DEPARTMENT SECRETARY BY JUNE 30th 20__-20__

Installation Report for Auxiliaries/Districts (long form)

Secretary*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
Mailing Address		City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
					☐ Home ☐ Cell ☐ Work
Treasurer*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
Mailing Address		City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
					☐ Home ☐ Cell ☐ Work
Trustee No. 3*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
Mailing Address		City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
					☐ Home ☐ Cell ☐ Work
Trustee No. 2*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
Mailing Address		City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
					☐ Home ☐ Cell ☐ Work
Trustee No. 1*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
Mailing Address		City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
					☐ Home ☐ Cell ☐ Work

INPUT INTO MALTA OR MAIL TO DEPARTMENT SECRETARY BY JUNE 30th 20__-20__

Installation Report for Auxiliaries/Districts (long form)

Chaplain	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				☐ Home ☐ Cell ☐ Work

Conductor	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				☐ Home ☐ Cell ☐ Work

Guard	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				☐ Home ☐ Cell ☐ Work

Patriotic Instructor	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				☐ Home ☐ Cell ☐ Work

Historian	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				☐ Home ☐ Cell ☐ Work

Color Bearer #1	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				☐ Home ☐ Cell ☐ Work

INPUT INTO MALTA OR MAIL TO DEPARTMENT SECRETARY BY JUNE 30th 20__-20__

Installation Report for Auxiliaries/Districts (long form)

Color Bearer #2	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				☐ Home ☐ Cell ☐ Work

Color Bearer #3	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				☐ Home ☐ Cell ☐ Work

Color Bearer #4	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				☐ Home ☐ Cell ☐ Work

Flag Bearer	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				☐ Home ☐ Cell ☐ Work

Banner Bearer	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				☐ Home ☐ Cell ☐ Work

Musician	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				☐ Home ☐ Cell ☐ Work

INPUT INTO MALTA OR MAIL TO DEPARTMENT SECRETARY BY JUNE 30th 20__-20__

Installation Report for Auxiliaries/Districts (long form)

Soloist	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
Mailing Address		City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
					☐ Home ☐ Cell ☐ Work

Assistant Guard	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
Mailing Address		City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
					☐ Home ☐ Cell ☐ Work

Assistant Conductor	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
Mailing Address		City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
					☐ Home ☐ Cell ☐ Work

Assistant Musician	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
Mailing Address		City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
					☐ Home ☐ Cell ☐ Work

Assistant Soloist	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address
Mailing Address		City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
					☐ Home ☐ Cell ☐ Work

Signature of Installing Officer

Title of Installing Officer

Date