

Membership

2023-2024 Reporting Form

VFW Auxiliary, VA

Auxiliary: _____ District: _____

1. Did your Auxiliary utilized any of the Membership material/resources available in MALTA Member Resources. Yes No
2. Did your Auxiliary promote, participated, hosted or co-hosted with their VFW Post, activities regarding VFW and/or VFW Auxiliary education and Membership Recruitment. Yes No
3. Did your Auxiliary regularly educate their members on the benefits of their membership (Example: insurance plans, travel benefits, cancer grants, hearing plans, etc.) Yes No
4. How many times did your Auxiliary educate your members on the National Membership Program Awards. ____
5. Number of Auxiliary Members that participated in any recruiting event on any level. ____
6. Did your Auxiliary recruited at least one new member. Yes No

Chairman: _____
Date: _____

Phone Number: _____
Email: _____

Send report to:

Membership Chairman:



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