UNWAVERING SUPPORT
FOR UNCOMMON HEROES

VFW AUXILIARY, VIRGINIA
DEPARTMENT REPRESENTATIVES REPORT

District # ____ **Date of Meeting: _____**

Auxiliary Number	*Attendance President and # Members*	*Auxiliary Number*	*Attendance President and # Members*

Check off Yes or NO	**First Meeting**		**2,3,4th Meeting**	
	YES	**NO**	**YES**	**NO**
Is the District President/Treasurer bonded?			**NA**	**NA**
If not, date bond application was submitted DATE:	**NA**	**NA**	**NA**	**NA**
Are the Auxiliaries Officers information correct in the Roster?			**NA**	**NA**
Did District Treasurer provide a copy of Treasurer's report to District Secretary? If not provided, why not?				
Were the Books of the Treasurer and Secretary audited? If not, why not?				
Did meeting room permit the District Officers to sit at their proper stations during the Meeting?				
Has the District held their School of Instruction? If so, DATE: If not School of Instruction is to be held DATE:			**NA**	**NA**
Did the District President talk to the Auxiliaries about Membership and who was not reported in our Programs? Did he/she give out Report forms for the programs that they need be reported in?				
Did the District President ask you to teach or discuss any subject or National Program? Subject:				
Did the District President use the two-page Protocol District Guide provided by the Department OR the current National Bylaws in conducting the District Meeting?				
Date of Next District Meeting: - 20 , Location:				
Department Representative: Signature:				
District Representative: Title:				
District Representative Signature:				
Comments:				