

VETERANS OF FOREIGN WARS AUXILIARY

NATIONAL HEADQUARTERS

OFFICER CHANGE OR CORRECTION FORM

Date Mailed:			
Auxiliary No		Dept. of	
DATE OF C	HANGE:		
Change from	I:	President, Secretary or Treasurer	
enange to.	Name	President, Secretary or Treasurer	
Membership	ID No.		
Address:			
Phone:			
E-Mai	1:		
_	-	nes: from \$to \$ <u>not t</u> o be used to report Annual Elections*	
Copy to:	VFW Auxiliary N 406 West 34 th St., 1 Kansas City MO 6 jcriswell@ladiesa Phone: 816-561-80 Fax: 816-931-4753	4111 nuxvfw.org 555	

Copy to: Department Secretary