

Veterans of Foreign Wars

MEN'S AUXILIARY

2006-07 ELECTION REPORT

PLEASE PRINT OR TYPE ALL INFORMATION

INDICATE IF DUES HAVE CHANGED		
\$ _____ . _____		
CURRENT MEMBERSHIP DUES	STATE	POST NO.

DATE OF ELECTION	REGULAR MEETING NIGHT(S)	TIME	REGULAR MEETING PLACE (STREET, CITY, STATE, ZIP)	PH # ()	FAX # ()
				E-MAIL	

PRESIDENT		
NAME		
MAILING ADDRESS (STREET OR P.O. BOX #)		
CITY	STATE	ZIP+4
HOME PHONE ()	BUS. PHONE ()	E-MAIL
CARD NO.		

VICE PRESIDENT		
NAME		
MAILING ADDRESS (STREET OR P.O. BOX #)		
CITY	STATE	ZIP+4
HOME PHONE ()	BUS. PHONE ()	E-MAIL
CARD NO.		

SECRETARY		
NAME		
MAILING ADDRESS (STREET OR P.O. BOX #)		
CITY	STATE	ZIP+4
HOME PHONE ()	BUS. PHONE ()	E-MAIL
CARD NO.		

TREASURER		
NAME		
MAILING ADDRESS (STREET OR P.O. BOX #)		
CITY	STATE	ZIP+4
HOME PHONE ()	BUS. PHONE ()	E-MAIL
CARD NO.		

Mail This Copy To:



DEPARTMENT HEADQUARTERS

Veterans of Foreign Wars MEN'S AUXILIARY

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INDICATE IF DUES HAVE CHANGED	<div style="font-size: 2em; font-weight: bold;">\$</div> <div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div> <div style="font-size: 1.5em; font-weight: bold;">.</div> <div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div>	
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