



# Report of Institution

Men's Auxiliary # \_\_\_\_\_

Date of Institution \_\_\_\_\_

Auxiliary Name \_\_\_\_\_

Meeting Place \_\_\_\_\_ Location \_\_\_\_\_

Meeting Date \_\_\_\_\_ Meeting Time \_\_\_\_\_

Number of Auxiliary Members present \_\_\_\_\_ Amount of Dues \$ \_\_\_\_\_

President \_\_\_\_\_  
(name) (Address)

Sr. Vice President \_\_\_\_\_

Jr. Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Chaplain \_\_\_\_\_

Trustee 3 yr \_\_\_\_\_

Trustee 2 yr \_\_\_\_\_

Trustee 1 yr \_\_\_\_\_

Guard \_\_\_\_\_

*I hereby certify that the above named Men's Auxiliary was instituted this date and the officers were installed. I also certify that all members are eligible in accordance with the By-Laws of the Veterans of Foreign Wars of the United States.*

\_\_\_\_\_

(Instituting Officer Signature)