## INPUT INTO MALTA OR MAIL TO DEPARTMENT SECRETARY BEFORE JUNE 30, 2023

	2023-2	024 Installation	on Report f	for Aux	kiliary#		or District #				
The following inform Date of Installation:			Continu	uous An	nual Dues P	er Member:	\$	-			
Meeting Date: 1st						_					
Meeting Day: Mon						Sun	(select Day)				
Meeting Time:				l. or P.N	1.)						
Meeting Place:											
Meeting Street Address:							Meeting	State and Z	IP:,		
Phone No. of Meeting	Place: (	)									
Please note offices/po	sitions deno	ted with an aste	risk (*) listed	l below	are REQUIR	ED.					
President*	Membe	Member ID No.		Auxiliary No. First Name		Last Name			Email Address		
			•		•		•		•		
Mailing Address		City		State	Zip Code Prima		ry Phone Number (Home/Cell/Work)				
									Home	Cell	Work
								<u> </u>			
Senior-Vice	Membe	Member ID No.		Auxiliary No. First N			Last Name		Email Address		
President*											
			•		•		•		•		
Mailing Address			City		State	Zip Code	Primar	ry Phone Number (Home/Cell/Work)			
									Home	Cell	Work
			•			•	•	•			
Junior-Vice	Membe	er ID No.	Auxiliary No.		First Name		Last Name		Email Address		
President*											
					l		L		I		
Mailing Address		City		State	Zip Code	Zip Code Primary Pho		hone Number (Home/Cell/Work)			
									Home	Cell	Work

## INPUT INTO MALTA OR MAIL TO DEPARTMENT SECRETARY BEFORE JUNE 30, 2023 2023-2024 Installation Report for Auxiliaries and/or Districts

Secretary*	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address			
	_	•	•		•					
Mailing Address		City		State	Zip Code	Primar	y Phone Number (H	ome/Cel	l/Work)	
							Home	Cell	Work	
		•			<b>,</b>	I.				
Treasurer*	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address			
Mailing Address		City		State	Zip Code	Primar	ary Phone Number (Home/Cell/Work)			
							Home	Cell	Work	
		•		•	•	•				
Trustee No. 3*	Member ID No.	Auxiliary No. First Name			Last Name		Email Address			
		•	•		•					
Mailing Address		City		State	Zip Code	Primar	y Phone Number (H	ome/Cel	l/Work)	
							Home	Cell	Work	
Trustee No. 2*	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address			
Mailing Address		City		State	Zip Code	Primar	y Phone Number (H	ome/Cel	l/Work)	
							Home	Cell	Work	
		•				•				
Trustee No. 1* Member ID No.		Auxiliary No. First Name		Last Name		Email Address				
	-		-				•			
Mailing Address		City		State	Zip Code	Primar	y Phone Number (H	ome/Cel	I/Work)	
							Home	Cell	Work	

	ertifies that he/she is a F st officer; and all Bylaws						is a Past Post Commander o partment Headquarters.	
UIRED:								
					_1		Home Cell	
Mailing Address		City		State	Zip Code	Prima	ry Phone Number (Home/Cell/V	
Guard	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address	
Mailing Address		City		State	Zip Code	Prima	ry Phone Number (Home/Cell/V	
Conductress			<u> </u>				1	
onductor/ Member ID No.		Auxiliary No.	First Name		Last Name		Email Address	
	and the state of t							
Mailing Address		City		State	Zip Code	Prima	ry Phone Number (Home/Cell/V	
						T.		
Chaplain	Member ID No.	Auxiliary No.	First Name		Last Name		Email Address	