



## VFW AUXILIARY OFFICER CHANGE OR CORRECTION FORM

Date: \_\_\_\_\_

Auxiliary # \_\_\_\_\_ Department of \_\_\_\_\_

Change from: \_\_\_\_\_ Position: \_\_\_\_\_

Change to: \_\_\_\_\_ Position: \_\_\_\_\_

Membership ID# \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Change in Auxiliary dues: from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

**\*\*PLEASE NOTE: THIS FORM IS NOT TO BE USED FOR ANNUAL ELECTIONS\*\***

Copy to: VFW Auxiliary  
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