



VETERANS OF FOREIGN WARS AUXILIARY

NATIONAL HEADQUARTERS

OFFICER CHANGE OR CORRECTION FORM

Complete and email this fillable form to your Department Secretary who will make the change or correction in MALTA.

Date Mailed:

Auxiliary No. Dept. of

DATE OF CHANGE:

Change from:
Name President, Secretary or Treasurer

Change to:
Name President, Secretary or Treasurer

Membership ID No.

Address:

Phone:

E-Mail:

Change of Annual Auxiliary Dues: from \$ to \$

****Please Note: This form is not to be used to report Annual Elections****