VFW Auxiliary, Department of Indiana
Delegate and Alternate Form

Auxiliary Number_____ District Number_____

President_____(Please enter the President's name) $3.00

Membership (March 31, 2025)_____ = # of Delegates_____ @ $3.00/each= $_____

Total Due $_____

Delegates	**Alternates**
1._____	1._____
2._____	2._____
3._____	3._____
4._____	4._____
5._____	5._____
6._____	6._____
7._____	7._____
8._____	8._____
9._____	9._____
10._____	10._____
11._____	11._____
12._____	12._____
13._____	13._____
14._____	14._____
15._____	15._____
16._____	16._____
17._____	17._____
18._____	18._____
19._____	19._____
20._____	20._____
21._____	21._____
22._____	22._____
23._____	23._____
24._____	24._____

Signed by Auxiliary Secretary:_____

Address:_____

Return with Delegate Fees by May 31, 2025 to the Department Treasurer, Kasey Osborn, Dept of IN VFW Aux.
410 E Dustman Rd
Bluffton, IN 46714

Office Use Only: Ck #_____ Date:_____
Amount:_____ Dept. Treas. Initials_____