

# Installation Report for Districts

INPUT INTO MALTA OR MAIL TO DEPARTMENT SECRETARY BEFORE JUNE 30th

20\_\_\_\_-20\_\_\_\_ Installation Report for Auxiliary #\_\_\_\_\_ or District #\_\_\_\_\_

The following information about the Auxiliary's meetings is required:

Date of Installation: \_\_\_\_\_ Continuous Annual Dues Per Member: \$ \_\_\_\_\_

Meeting Date: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_ Last \_\_\_\_\_ (select Date)

Meeting Day: Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_ (select Day)

Meeting Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ (select A.M. or P.M.)

Meeting Place: \_\_\_\_\_

Meeting Street Address: \_\_\_\_\_ Meeting City: \_\_\_\_\_ Meeting State and ZIP: \_\_\_\_\_ , \_\_\_\_\_

Phone No. of Meeting Place: (\_\_\_\_\_) \_\_\_\_\_

Please note offices/positions denoted with an asterisk (\*) listed below are REQUIRED.

President*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home Cell Work

Senior-Vice President*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home Cell Work

Junior-Vice President*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home Cell Work

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

<b>Secretary*</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Treasurer*</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Chaplain</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Conductor/ Conductress</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Guard</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Trustee No. 3*</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

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

<b>Trustee No. 2*</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Trustee No. 1*</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Patriotic Instructor</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Historian</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Color Bearer No. 1</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Color Bearer No. 2</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

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

<b>Color Bearer No. 3</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Color Bearer No. 4</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Banner Bearer</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Flag Bearer</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Musician</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Soloist</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

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

<b>Assistant Conductor/ Conductress</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Assistant Guard</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Assistant Musician</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Assistant Secretary</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Assistant Soloist</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Americanism Chairman</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

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

<b>"Buddy"® Poppy / Nat'l Home Chairman</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Historian / Media Relations Chairman</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Hospital Chairman</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Legislative Chairman</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Membership &amp; Recruitment Chairman</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

<b>Scholarships Chairman</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home    Cell    Work

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

<b>Veterans &amp; Family Support Chairman</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home      Cell      Work

<b>Youth Activities Chairman</b>	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				Home      Cell      Work

**REQUIRED:**

The Installing Officer certifies that he/she is a Past Auxiliary President or held higher elective Auxiliary office; or he/she is a Past Post Commander or held higher elective Post officer; and all Bylaws and Regulations have been complied with according to National and Department Headquarters.

\_\_\_\_\_  
Signature of Installing Officer

\_\_\_\_\_  
Title of Installing Officer

\_\_\_\_\_  
Date