

Member Engagement Form

Name: _____

Preferred Name: _____ Birthdate: _____

Home Number: _____ Cell Number: _____

Email: _____

Preferred form of communication:

Home Phone _____ Cell Phone _____ Text _____ Email _____ Facebook _____

What Auxiliary programs are you interested in?

Veterans and Family Support _____ Hospital _____

Americanism _____ Legislative _____

“Buddy”[®] Poppy / National Home _____ Membership _____

Community Outreach _____ Scholarship _____

Historian _____ Youth Activities _____

What Auxiliary annual events are you interested in helping with?

“Buddy”[®] Poppy Drive _____ Judge Youth Art _____

Scholarship Judge _____ Monthly Kitchen _____

Recruiter _____

Other: _____

What skills could you bring to our organization?

Computer _____ Leadership _____

Kitchen _____ Accounting _____

Sewing _____ Organizing _____

Fundraising _____

Other: _____

What are your hobbies? _____

