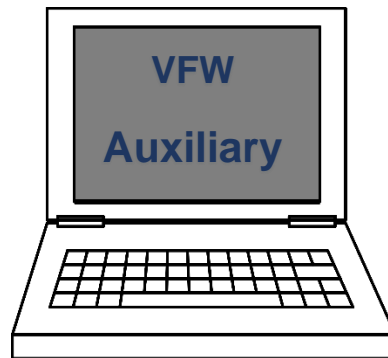


UNWAVERING SUPPORT



FOR UNCOMMON HEROES™

VFW Auxiliary Department of Missouri Treasurer Guide



Revised 6-21-24

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Congratulations on being elected as the VFW Auxiliary Treasurer. You have a very important job. “It shall be your duty to be sole custodian of all funds and securities belonging to the Auxiliary. You shall keep a record of each member and notify promptly all members in arrears. You shall give receipts for all money received and shall pay out money approved at stated meetings. You shall render at each meeting an itemized statement of receipts and expenditures and perform such other duties as the Bylaws require”.



As Treasurer you will:

- Collect dues from the current members and enter them into MALTA as you receive them.
- Along with the President will sign the Auxiliary checks.
- Will give a **detailed** report of all Funds at each Auxiliary meeting.
- Will have in their possession a debit card if the Auxiliary voted to have one. All receipts from the debit card will be presented at the next Auxiliary meeting for approval of the members. The receipts shall be signed by the Trustees.
- Will provide to the Trustees all records for them to do an audit.
- Will be the collector of any money that is collected for programs/projects of the Auxiliary. Any money received is to immediately be deposited in the Auxiliary account.

Attention NEW Auxiliary Treasurers

It is important that you fill out **Form 8822-B** (See page 13) for the IRS as soon as you take over your duties as Treasurer. This is only if you are a newly elected Treasurer.

- At the top of the form, there is “If you are a tax-exempt organization, check here”. Check the box and complete the rest of the information.
- Make a copy to send to:
Department Treasurer – **Jackie Davis,**
3849 Hwy 47 W
Troy, MO 63379
- Send original to:
Internal Revenue Service
Ogden, UT 84201-0023
- Be sure to make a copy for yourself.

Treasurer’s Ledger and Report

Please review in the Bylaws sections 813 and pages 18-22 of the Booklet of Instructions for your duties.

- The Treasurer shall be the Treasurer of all Auxiliary committees handling funds.
 - All funds shall be accounted for by the Treasurer in the Auxiliary books.

It is the responsibility of the Auxiliary Treasurer to keep accurate records of receipts and disbursements of the Auxiliary. This can be done by entering the information in a bound ledger, cashbook, or in a computerized system. A report on all transactions is to be reported each month.

In your ledger or spreadsheet, you are to have the following columns (Sec. 813A page 79):

- General Fund
- National and Department dues
- Relief Fund – money that comes from the donation of “Buddy”® Poppies. (See Relief Fund Guide for what this money can be used for.)
- Any special restricted funds such as a Kitchen Fund, a Bingo Fund, a Cancer Insurance Fund, etc.

When giving a report at the Auxiliary meeting, you are to give in **detail** all the transactions. If you use a computerized system, you can make a copy of the ledger and pass it out to the members. Be sure to collect the copies after they have reviewed it. It is not theirs to keep. A copy of the Treasurer’s report is to be given to the Secretary for her books and one to the President to keep.

The Treasurer’s Books are to be kept up to date. It is important to balance the ledger and the checkbook to balance to the bank statement. This makes it easier when the Trustees do the audit at the end of the quarter.

The Treasurer’s book can be reviewed by any member, but they may not take them out of the Treasurer’s possession.

Membership

As Auxiliary Treasurer, you will collect dues from the membership each year. Your job is to get the dues processed on a timely manner. As soon as you receive them, you are to process them whether you enter them into MALTA or send them to the Department Treasurer.

Annual and Covert to Life

As you receive dues, you can enter them into MALTA.

- Go to www.vfwauxiliary.org
- Go to login.
- Enter your ID number and password. (If you have not set up a password in MALTA, just follow the instructions.)
- Go to process dues. (There should be an icon for you to click on or below the icon, you will find “process dues”.)
- You can either bring up your entire membership and click on the box of each member who has paid their dues or enter the membership ID of the member and do them individually. Once you are done, print the receipt for your records.

- To convert someone to Life:
 - Click on “Convert to Life” and enter the membership ID number. Click on “agree to pay”. Print the receipt.

New Membership

The Auxiliary Treasurer cannot process new members. The new member application and an \$13.50 fee is to be sent to the Department Treasurer for processing. **Please use the most recent updated application for new members. Especially if they are paying a life membership.**

Before sending, the following must be completed. **(If not completed, the application will be sent back to the Treasurer. This will delay the application being processed.)**

- Auxiliary Number
- Name
- Address (street address, City, State and Zip)
- **Date of Birth** (MALTA will not accept the application if this field is not filled)
- Gender
- Phone number
- Email (if applicable)
- Eligibility
 - Post affiliated – the name of the person they are coming in under, **their** relationship to that person and the VFW members ID number.
 - If the Post member is deceased, the application must be marked Non-affiliated.
 - Non-affiliated – All blanks are to be completed. Make sure the applicant has the DD214 or other proof that they are eligible.
- **Signature of the new member at the bottom of the application.**
- Signature of the Investigating Committee. (At least 2. **The recruiter cannot sign as part of the investigating committee.**)
- Recruiter Membership Number (Do not put just a name there. We need the Membership Number.)

Sending in New Memberships

Before sending the application, double check to ensure all required blanks are completed. Those that are usually missed are **Auxiliary Number, Recruiter Number, Birth date, VFW Membership ID, and signing the bottom of the application.** Not having all blanks filled in will cause a delay in getting their membership processed.

When sending new applications to the Department Treasurer, please include a Distribution Form and the Membership Summary. (Use the same things if sending in continuous members and life memberships.) A check for each new member is to be included. New Annual Members are \$8.50. The Life Memberships fees are listed on the application. Make the check to:

VFW Aux MO or MO VFW Aux

Life Membership with Credit Card

If a new member wants a life membership, they complete the lower left portion on the application. Send it to the Department Treasurer for processing.

Transfer Members

When a current member of the VFW Auxiliary wants to transfer, they must complete a membership application. They are to check the box for "Transfers" and put the Auxiliary they are transferring from. Their eligibility is their current membership card. Their Membership ID Number is to be provided. The investigating committee must sign the application and the transfer member is voted on by the Auxiliary membership.

Membership Cards

The membership cards will come in the mail within 2 to 4 weeks after processing. If a member does not receive their membership card within that time, please contact the Department Treasurer to investigate it.

If a card is lost, it cost \$5.00 for Annual and \$10 for Life. You can order these off MALTA or you can send it to the Department Treasurer with the fees.

VFW Auxiliary Member Change/Update Form

Please use the VFW Auxiliary Member Change/Update Form for the following:

- Name Change
- Address Change
- Convert to Life Member
- Card replacement
- Death Report

Whenever there is a change in the status of a member, you are to send an update to the Department Treasurer. Since this has to do with the members, the Treasurer is responsible for sending the updates.

- **Name Change:** Whenever a member changes their last name i.e. marriage, divorce, etc., please complete this form and send to the Department Secretary. We will update our files. We will check in Malta to make sure it has been changed.
- **Addresses change:** It is important to have the current address of our members. Any time you have a change, send them to Department Treasurer so we can update our files and to make sure it is in Malta.
- **Convert to Life:** When a member wants to convert to life membership, you use this form if you do not process it in Malta. If you send it to the Department Treasurer to process, the member will write a check to your Auxiliary, and you will in turn write a check to the VFW Aux MO for the amount of their life membership.
 - They can pay by credit card by filling out the information on the form.
 - They can pay by ACH – complete the information on the form and attach a voided check to the form.

- Both of the above will be faxed/emailed to National for processing.
- **Replacing a Membership Card:** It is \$5 for an annual member and \$10 for a Life Membership.
- **Death Report:** It is important to report the deaths in your Auxiliary. You can report them in Malta or send the change form to the Department Treasurer. Please list the date of death.

With all of these, it is important to list the members ID number. This makes it easier for us to look up those members.

Audits

Audits – Please use the current audit form.

Audits are to be done quarterly. See table below for the due dates.

Quarter	Months Covered	Audit Completed by	Approved Audit to Department Treasurer
First	Jan, Feb & March	April 30 th	May 31 st
Second	April, May & June	July 31 st	August 21 st
Third	July, August & Sept.	October 31 st	November 30 th
Fourth	Oct., Nov. & Dec	January 31 st	February 28 th

TREASURERS DO NOT DO THE AUDIT! It is the duty of the Trustees to do the audit. You are there to answer any questions that may come up during the audit.

Treasurers are to provide the Audit team with the following:

- Treasurer's ledger
- Checkbook and deposit slips
- Bank Statements with the cancelled checks
- Receipt Book
- Savings account records



Secretaries will provide the minutes in which the disbursement have been voted on. This includes the bills/receipts that are presented to the membership and signed by the Trustees.

Before sending the **approved** Audit to the Department Treasurer, please review the numbers to make sure they balance.

Donation Guide for Treasurers



Donations to be sent to Department Treasurer

We encourage Auxiliaries to make donations to the Department Funds.

This helps us to support the VA hospitals, the Missouri and Pollet Homes at National Home, Scholarships given to students, Department VFW Veterans Service Officers, President's Special Project, and Youth Activities. Each of these rely on the donations made by the Auxiliaries. It is up to the Auxiliary to determine the amount they would like to donate. Any amount helps!

Please send the following donations to the **Department Treasurer – Jackie Davis – 3849 Hwy 47 W, Troy, MO 63379**. Checks are to be made out to **MO VFW Aux.** You can put several donations and include membership on one check but use the distribution sheet to break down the amounts.

The following are donations to be sent to the Department Treasurer.

- **Hospital Donations** – you only need to make one donation, if you would like to make more, it would be appreciated.
- **Missouri National Home** – helps to support the annual trip to the National Home for both the Department President and the Chairman. It also helps to support the Halloween party for the children of the home.
- **Scholarships** – supports our Voice of Democracy, Patriot's Pen, Young American Creative Art, and the Past National Presidents Scholarship.
- **Veterans Service Officers Fund** – this supports the Missouri VFW Veterans Service Officers.
- **Department President's Special Project** – each year the President selects a project to make donations.
- **Youth Activities** – this money is given to the students who win on the Department level for the Illustration America and the Red, White, and Blue contests.

Donations to be made to the National VFW Auxiliary.

The following donations can be made to the National VFW Auxiliary by going to www.vfwauxiliary.org logging into Malta and click on "Make a Gift". The money will be withdrawn from the Auxiliary account through ACH.

- Cancer Aid & Research
- Health & Happiness – (all other donations see below)
- Patriotic Art
- Continuing Education

If you cannot access Malta, you can send your donation to **National VFW Auxiliary, 406 W 34th St 10th Floor, Kansas City, MO 64111**. Make a check out and earmark for each donation.

National Home for Children

Life Memberships, Bricks, Special requests for National Home go directly to National Home at **National Home for Children, 3573 South Waverly Rd, Eaton Rapids, MI 48827**. **Please do not send them to Department Treasurer.**

National VFW Donations

VFW Veterans and Military Support Programs MAP (Military Assistance Program), Unmet Needs Veterans, and Military Support Program go to the National VFW. Checks can be sent to **VFW Headquarters, 406 W 34th St 9th Floor, Kansas City, MO 64111**. Earmark check where the donation goes.

Other Forms

ACH Authorization Form


If your Auxiliary changes banks, please fill out the ACH Authorization Form and send it directly to National VFW Auxiliary Headquarters as soon as possible. National VFW Auxiliary needs your Auxiliary account information so they can complete the process for dues.

Cancer Grant Application

You will need this for those members who can apply. Make sure to get this to your member as soon as possible. Have them complete it and get it to National VFW Auxiliary as soon as possible. The family of a member who passed, must get this application to the National VFW Auxiliary within 30 days of the passing of the member.

Bonds

You can pay for your bond by going to www.vfwauxiliary.org and logging into Malta. Go to

duties and then to the Auxiliary Treasurer folder. You will see an icon  for paying bond. Click on it and put in the amount of the bond. You are paying for the office of President and Treasurer. Approve the amount. National VFW Auxiliary will take the amount through ACH from your account. Make sure to print the bond for yourself, the Secretary, and the President.

If you cannot go into Malta, you can fill out the form and send the fee to the Department Treasurer to have it processed.

All the forms for the Treasurer can be found on the Department Website www.vfwauxmo.org. Go to resources and pull down the menu. You will click on Treasurer to find all the forms.

Please call me at any time when you have questions. I will do my best to help you. My office phone is 636-338-4201, fax is 636-338-4212. My email is vfwauxdeptmo@gmail.com.



8822-B Change of Address or Responsible Party — Business

Form (Rev. February 2018)

▶ Please type or print.

OMB No. 1545-1163

Department of the Treasury ▶ See instructions on back. ▶ Do not attach this form to your return. Internal Revenue Service ▶ Go to www.irs.gov/Form8822B for the latest information.

Before you begin: If you are also changing your home address, use Form 8822 to report that change.

If you are a tax-exempt organization (see instructions), check here

Check **all** boxes this change affects:

- 1 Employment, excise, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1065, 1120, etc.)
- 2 Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 3 Business location

4a Business name	4b Employer identification number	
5 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.		
Foreign country name	Foreign province/county	Foreign postal code
6 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.		
Foreign country name	Foreign province/county	Foreign postal code
7 New business location (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, also complete spaces below, see instructions.		
Foreign country name	Foreign province/county	Foreign postal code
8 New responsible party's name		
9 New responsible party's SSN, ITIN, or EIN		

10 Signature

Daytime telephone number of person to contact (optional) ▶ _____

Sign Here ▶ Signature of owner, officer, or representative	Date
▶	Title

Where To File	
Send this form to the address shown here that applies to you.	
IF your old business address was in . . .	THEN use this address . . .
Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service Cincinnati, OH 45999-0023
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, any place outside the United States	Internal Revenue Service Ogden, UT 84201-0023

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Cat. No. 57465H

Form **8822-B** (Rev. 2-2018)

Form 8822-B (Rev. 2-2018)

Treasurer's Report

Period _____ Thru _____ Meeting Date: _____

Date	Description Receipt	Amount	Date	Check NO	Description of Disbursements	Amount
	Total Receipts				Total Disbursements	

Statement of Funds	Last Balance	Receipts	Disbursements	Balance of this Meeting
General Fund				
Dept & Nat'l Funds				
Relief Fund				
Total of All Funds				

Relief Fund Guide



The Relief Fund shall consist of the proceeds from:

1. Net proceeds from Buddy Poppy distributions.
2. Any contribution or other funds available.

Relief Fund money shall be restricted and expended by majority vote of members at a meeting solely for these purposes:

1. Aid to Auxiliary members needing financial assistance.
2. To meet **ALL** obligations or gifts to the VFW National Home for Children. See Page 53 of the Treasurer's Guide for more assistance with Home donations.
3. Hospital work for all veterans, members of the Armed Forces, Auxiliary members and their family members.
4. Veterans & Family Support work for all veterans, members of the Armed Forces, Auxiliary members and their families.
5. National Auxiliary Cancer Aid & Research Fund.
6. Special purposes authorized by National Headquarters.
7. To perpetuate the memory of deceased veterans and members of the Armed Forces, and to comfort their survivors.
8. To foster true patriotism through historical and educational programs.

All other expenditures shall come from the General Fund.



Veterans of Foreign Wars Auxiliary Department of Missouri Treasurer's Distribution Form

revised 5-11-2023

Make checks payable to:
VFW AUX MO
Send to:
Jackie Davis,
Department Treasurer
3849 Hwy 47 W
Troy, MO 63379

Check Information

Auxiliary NO: _____ Name of Person: _____

District: _____ Check Date: _____

Check No: _____ Amount: \$ _____ Dues amt: \$ _____ Donation amount: \$ _____

Check No: _____ Amount: \$ _____ Dues amt: \$ _____ Donation amount: \$ _____

Check No: _____ Amount: \$ _____ Dues amt: \$ _____ Donation amount: \$ _____

Check No: _____ Amount: \$ _____ Dues amt: \$ _____ Donation amount: \$ _____

Total: _____ Dues amt: \$ _____ Donation amount: \$ _____

Donations

Donations are not mandatory but greatly appreciated. Please continue to support our Department Programs.

<p>President's Special Project \$ _____</p> <p>Mo National Home Program (this is for the Department Program) \$ _____</p> <p>Veteran's Service Officers \$ _____</p> <p>Hospital \$ _____</p> <p>Youth Activities \$ _____</p> <p>Scholarships (This includes Voice of Democracy, Patriot's Pen, Past National President's Scholarship, Young American Creative Art) \$ _____</p> <p>Shirts \$ _____</p> <p>President's Pins \$ _____</p>	<p>Ways & Means \$ _____</p> <p>Past President's Club \$ _____</p> <p>Convention Delegate Fees \$ _____</p> <p>National Officers Fund \$ _____</p> <p>Other Funds or Donations</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>Total Donations \$ _____</p>
---	--

Total all donations: \$ _____

Total Dues and Donations

\$ _____

Membership Dues

(Please attach the Membership Summary Form with the list the name of Continuous Members.)

New Membership (list names below with Annual/Life) please print.	Annual/Life	No of Dues	Amount	Actual	Refund	Comments

Continuous Members						
Convert to Life						
Transfers						
Totals						
Date Refund to Auxiliary		Check NO	Amount	Reason for Refund		

Date Processed: _____

Signature of Treasurer: _____

Membership Summary Form

VFW AUX NO.:	DEPARTMENT OF: MISSOURI	LOCATION:
MEMBERSHIP YEAR:	DATE:	REPORT NO:

For New and Rejoining Members (Annual and Life) include a copy of their membership application.

1	NAME	MEMBER NO.	CONT	NEW	REJOIN	AMOUNT	CONV. TO LIFE	NEW LIFE	AMOUNT
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
TOTALS									

AMOUNT SENT	
LIFE MEMBERSHIP	
DEPARTMENT (3.50)	
NATIONAL (5.00)	
TOTAL	
Check number	
Make checks payable to VFW AUX - MO	

Auxiliary Treasurer Name

E-mail Address

Telephone No.

VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

An incomplete application could delay your membership start date.

Applicant completes sections A, B, C or D and F. Auxiliaries/Departments complete section E.

A Recruited/Recommended by: _____ Recruiter Member ID _____
 Auxiliary No. _____ City _____ State _____ Member ID (if already a member) _____
 Annual Membership Rejoin
 Life Membership Transfer
 Member at Large in Department of _____ Member at Large - VFW Auxiliary National Headquarters
 (If not a transfer, skip to B.)
 LIFE MEMBER TRANSFER Previous Auxiliary _____
 ANNUAL TRANSFER Previous Auxiliary _____ Paying Nonpaying
 ANNUAL TRANSFER CONVERTING TO LIFE (Fill out Life Membership information below.) Previous Auxiliary _____

B THESE FIELDS REQUIRED
 Name _____ Date of Birth _____
 Address _____ Female Male
 City _____ State _____ ZIP _____ Phone _____ Email _____

C POST-AFFILIATED (*Must be a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)
 Relationship _____ to Eligible Veteran* _____ VFW Membership ID _____

D THESE FIELDS REQUIRED
 NON-AFFILIATED (*Veteran is not a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)
 Relationship _____ to Eligible Veteran* _____ VFW Post (if applicable) _____
 Name of campaign ribbons or medals: _____
 Dates of Service: _____ to _____ Location: _____

E Investigating Committee Signatures
 1 _____ 2 _____ 3 _____
 Per Section 102 of the National Bylaws. Rejected Accepted Meeting Date _____ Obligated Date _____

F By signing this, I agree to the stated charges for a Life Membership fee.
OBLIGATION In the presence of Almighty God and the members of this organization here assembled, I do of my own free will and accord, solemnly promise that I will never wrong or defraud this organization nor a member thereof nor permit either to be wronged if in my power to prevent it. I will never propose for membership any person not eligible, according to our Bylaws. I further state that I believe in God. I will be faithful to the United States of America, obedient to the laws and loyal to the Flag. Should my membership with this organization cease in any way, I will consider this obligation as binding outside of the organization as though I had remained a member. I do so promise.
 I attest that I am at least 16 years of age. I pledge to comply with the National Bylaws of the Veterans of Foreign Wars of the United States Auxiliary. I attest I am not eligible for membership in the VFW. I further attest that the above is true and correct to the best of my knowledge, including my stated relationship to the Veteran.

Signature _____ Date _____
 (Must be signed by all members.)

LIFE MEMBERSHIP ONLY Check here if this is a gift.
 Credit cards may NOT be used for initial payment of Annual Dues.
 Cash Check Visa MasterCard Discover AMEX _____ Life Membership Fee
 Name on credit card _____
 Billing address for card _____
 City _____ State _____ ZIP _____
 Credit Card No. _____ CVV Code _____
 Exp. Date _____ Date _____ Signature _____

LIFE MEMBERSHIP FEES

Life Membership fees are not refundable.

Attained age at 12/31 of year applying for Life Membership.

Through 20	\$253
21-25	\$242
26-30	\$230
31-35	\$219
36-40	\$213
41-45	\$201
46-50	\$196
51-55	\$184
56-60	\$173
61-65	\$161
66-70	\$150
71-75	\$132
76-80	\$109
81-85	\$86
86-90	\$69
91 and over	\$58

VFW Auxiliary Member Change/ Update Form

Rev. 8-18

REQUIRED FIELDS:

Member's Current Name _____ Membership ID No. _____

Current Address _____

E-mail Address _____ Phone Number (_____) _____

Current Auxiliary # _____ Department of _____ Date of Birth _____

NAME CHANGE Former Name: First _____ Last _____

ADDRESS CHANGE

CONTINUOUS ANNUAL DUES (We recommend using the Membership Summary Form for multiple dues payments.)

CONVERT TO LIFE MEMBER

Life Membership Fee \$ _____

Check here if this is a gift. It will be mailed to the Auxiliary Treasurer.

Payment Methods:

Check: Make check payable to: VFW Auxiliary

Credit Card VISA MasterCard Discover AMEX

Name as it appears on the card: _____

Address associated with the card holder: _____

Credit Card Number _____

CVV Code _____ (3 digit code shown on back of credit card) Expiration _____ / _____
Month / Year

Card Holder's Signature _____ Date _____

ACH (Bank withdrawal) Name of Bank _____ Routing Number _____

Attached voided check HERE (required) Account Number _____

REPLACE MY MEMBER CARD

\$5 Annual \$10 Life

NAME CHANGES OR LOST CARD REQUESTS MUST BE ACCOMPANIED BY A CHECK made payable to VFW Auxiliary or complete the payment information above if using a credit card or ACH. Please send directly to National Headquarters at 406 W. 34th St., 10th Floor, Kansas City, MO 64111. You can also order a replacement card online in MALTA by visiting vfwauxiliary.org and selecting "Member Login."

DEATH REPORT Date of Death _____

LIFE MEMBERSHIP FEES

Effective 1/1/2017

Attained age at 12/31 of year
applying for Life Membership.

Through 20	\$253
21-25	\$242
26-30	\$230
31-35	\$219
36-40	\$213
41-45	\$201
46-50	\$196
51-55	\$184
56-60	\$173
61-65	\$161
66-70	\$150
71-75	\$132
76-80	\$109
81-85	\$86
86-90	\$69
91 and over	\$58

VFW Auxiliary _____ District _____
 FOR PERIOD OF _____ TO _____ 20_____

TREASURER'S LEDGER RECONCILIATION

Rev. 6/10/20

Funds from Treasurer's Ledger	CASH BALANCE LAST AUDIT REPORT	RECEIPTS	DISBURSEMENTS	CASH BALANCE THIS REPORT
General Fund	\$ _____	\$ _____	\$ _____	\$ _____
Dept. & Nat'l Dues	\$ _____	\$ _____	\$ _____	\$ _____
Relief Fund	\$ _____	\$ _____	\$ _____	\$ _____
Restricted Fund:	\$ _____	\$ _____	\$ _____	\$ _____
Restricted Fund:	\$ _____	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____*
Bingo	\$ _____	\$ _____	\$ _____	\$ _____
CD	\$ _____	\$ _____	\$ _____	\$ _____
CD	\$ _____	\$ _____	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____	\$ _____	\$ _____
Total Balance -- All Funds Including Savings Account	\$ _____	\$ _____	\$ _____	\$ _____

* These two totals must match!

BANK STATEMENT RECONCILIATION

	<i>Ending Bank Balance on last Bank Statement</i>	\$ _____	
Less Outstanding checks:	Check Number _____	\$ _____	
	Check Number _____	\$ _____	
	Check Number _____	\$ _____	
	Check Number _____	\$ _____	
	Total Amount of Outstanding Checks:	\$ _____	Minus (-) Outstanding Cks
Plus Outstanding deposits:	Date _____	\$ _____	Plus (+) Outstanding Deposits
	Date _____	\$ _____	\$ _____
	Total Amount of Outstanding Deposits:	\$ _____	
	Total Adjusted Bank Balance	\$ _____*	

**THIS IS TO CERTIFY THAT THE BOOKS OF THE SECRETARY
 AND TREASURER HAVE BEEN AUDITED, FOUND CORRECT,
 AND ALL MONEYS PROPERLY ACCOUNTED FOR.**

TRUSTEES: (sign & date)

DATE AUDIT WAS CONDUCTED _____
 DATE AUDIT WAS APPROVED _____

Send the Audit to Department Treasurer: Jackie Davis - 3849 Hwy 47 W, Troy, MO 63379

AUDIT REPORTS ARE DUE: *July - Sept* *Due November 30* *Jan - Mar* *Due May 31*
 Oct - Dec *Due February 28* *April - June* *Due August 31*



ACH AUTHORIZATION FORM

ENTITY NAME _____
(of Auxiliary, District, County Council or Department as listed on bank account)

Federal Identification Number (EIN or FIN) _____
(as listed on bank records – 9 digit number)

I (we) hereby authorize the Veterans of Foreign Wars of the United States Auxiliary National Headquarters, hereinafter called "National", to initiate entries to deposit or withdraw funds from our Checking account indicated below.

FINANCIAL INSTITUTION (BANK) NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____
(9 digit number on bottom of check or deposit slip)

ACCOUNT NO. _____

This authority is to remain in full force and effect until **National** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **National** a reasonable opportunity to act on it.

NAME (please print) _____
(President) (Treasurer)

DAYTIME PHONE NUMBER _____
(President) (Treasurer)

E-MAIL ADDRESS TO SEND TRANSACTION NOTICE: (please print)

SIGNATURE (REQUIRED) _____
(President) (Treasurer)

DATE _____ DATE _____



ATTACH VOIDED CHECK HERE

RETURN COMPLETED FORM TO:
VFW AUXILIARY NATIONAL HEADQUARTERS
ATTN: ACCOUNTING
406 W. 34TH ST., 10TH FLOOR
KANSAS CITY, MO 64111

Cancer Grant Application

Instructions:

- * Member must meet eligibility requirements below.
- * Member and Physician sections must be completed legibly and in their entirety. If member is unable to sign, a Power of Attorney (POA) may sign. If POA signs, then POA documentation must be submitted.
- * If the member is deceased, next of kin may submit application with documentation of proof of death such as obituary, doctor's letter, death certificate, etc. Application and proof of death must be received at VFW Auxiliary National Headquarters within 30 days of member's passing.
- * Grants will ONLY be made payable to the VFW Auxiliary member.
- * Do NOT send any other supporting documents, as it will not be considered.
- * **Mail** original, completed application to:

VFW Auxiliary National Headquarters
 Attn: Cancer Grants
 406 West 34th Street, 10th Floor
 Kansas City, MO 64111



Eligibility Requirements:

- 1) Applicant must be a member of the VFW Auxiliary for one (1) full year and current dues must be paid.
- 2) After twelve (12) months have passed from date of diagnosis or last treatment, application will be rejected.
- 3) A member is allowed two grants during lifetime.

Twelve (12) months must elapse between new diagnosis and/or treatment from date of first grant.

Continuous treatment which lasts beyond the twelve (12) month period may qualify for a second grant.

THIS SECTION IS TO BE FILLED OUT BY MEMBER	THIS SECTION IS TO BE FILLED OUT BY ATTENDING PHYSICIAN
Membership ID #	Type of cancer diagnosed
Auxiliary Post #	Date diagnosed with this cancer (MM/DD/YYYY)
Member's Name (as shown on membership card)	Last date of treatment for this cancer (MM/DD/YYYY)
Date of Birth (MM/DD/YYYY)	Physician's Office / Hospital Name
Email Address	Phone Number
Phone Number	Physician's Name
Street Address	Street Address
City, State and ZIP Code	City, State and ZIP Code
Date Member Signed (MM/DD/YYYY)	Date Physician Signed (MM/DD/YYYY)
Member's Signature	Physician's Signature

By submission of this application, you grant authority for the VFW Auxiliary to contact the attending physician.

If grant is approved, funds must be deposited within six months or the grant is forfeited. REV. 6-18

BOND PREMIUM AMOUNTS FOR OFFICERS

Application for VFW Auxiliary Officers Bond
September 1, 20__ to August 31, 20__



**All Organizations must be bonded by September 1st.
Failure to comply will result in suspension.**

VFW Auxiliary Organization (Aux., Dist., or Co. Coun.): _____

Please complete the following bond application for your Organization. This will bond both President and Treasurer. The minimum coverage is \$10,000. If you need to bond for more than the minimum coverage please, use the following chart. Add \$7.00 for each \$1,000 that you wish to bond.

<u>BOND AMOUNT</u>	<u>PREMIUM DUE</u>
<u>\$10,000</u> Minimum Coverage Required	<u>\$30.00</u> Minimum Premium Due
_____ Add'l coverage must be in increments of \$1,000	_____ Multiply \$7.00 by each increment of \$1,000
_____ Total bond coverage	_____ Total amount due (pay this amount)

In compliance with the provision of Sections 814 of the National Bylaws, I hereby apply for a VFW Auxiliary bond. I affirm that this amount is at least double the amount of funds and value of property for which I may be accountable.

Please Print President Name

Please Print Treasurer Name

President's Signature

Date

Treasurer's Signature

Date

NOTE: Please fill out the bond application. Enclose a check or money order payable to the VFW Auxiliary. Please write "BOND" on the memo line of the check.

Please address your envelope to;
VFW Auxiliary, Bond Department, 10th Floor, 406 W. 34th St, Kansas City, MO 64111