



# 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\*\***