

MEMBERSHIP

COVERING THE PERIOD OF DECEMBER 1, 2024 THROUGH MARCH 31, 2025

Must be RECEIVED by the Dept. Chairman no later than 4/15/2025

Mail to Paul La Porte, P.O. Box 12, E. Bridgewater, MA 02333

plp1063@gmail.com

Assistance: 774-273-1910

Auxiliary No. _____ Location _____ District No. _____ Division _____

1. Did your Auxiliary utilize any of the Membership material/resources available in MALTA
Member Resources? _____ Explain _____

2. Did your Auxiliary promote, participate in, or host activities regarding VFW Auxiliary
education and recruitment or educate members on National Membership Program Awards?
_____ Explain _____

3. Does your Auxiliary regularly educate their members on the benefits of membership?
(example: insurance plans, travel benefits, cancer grants, hearing plans, etc.) _____
Explain _____

4. How many Auxiliary members participated in any recruiting event on any level? _____

5. How many new members has your Auxiliary recruited this year? _____

Attach extra sheets for additional information if needed.

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Contact Name _____

Phone _____ E-mail _____