

MEMBERSHIP

COVERING THE PERIOD OF APRIL 1, 2024 THROUGH NOVEMBER 30, 2024

Must be RECEIVED by the Dept. Chairman no later than 12/31/2024

Mail to Paul La Porte, 283 Vernon St., Bridgewater, MA 02324

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 _____