

UNWAVERING SUPPORT



FOR UNCOMMON HEROES™

DEPARTMENT OF OHIO VFW AUXILIARY CHANGE FORM

DISTRICT _____ AUXILIARY# _____

RESIGNING OFFICER: _____
(Print Name) (Membership #)

OFFICER POSITION

PRESIDENT	JR VICE	3 YR TRUSTEE
SECRETARY	CHAPLAIN	2 YR TRUSTEE
TREASURER	CONDUCTOR	1 YR TRUSTEE
SR VICE	GUARD	

NEW OFFICER: _____
(Print Name) (Membership #)

MEETING TIME CHANGE

OLD DAY & TIME:

1ST

2ND

3RD

4TH

TIME:

NEW DAY & TIME:

1ST

2ND

3RD

4TH

TIME:

EMAIL TO: treasurer@vfwauxoh.org

MAIL TO: VFW AUXILIARY
35 E. CHESTNUT ST. #508
COLUMBUS, OHIO 43215