

UNWAVERING SUPPORT



FOR UNCOMMON HEROES™

DEPARTMENT OF OHIO VFW AUXILIARY CHANGE FORM

DISTRICT _____ AUXILIARY# _____

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

OFFICER POSITION (Circle One): PRESIDENT SECRETARY TREASURER
SR VICE JR VICE CHAPLAIN CONDUCTRESS/CONDUCTOR GUARD
3 YR TRUSTEE 2 YR TRUSTEE 1 YR TRUSTEE

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

OFFICER POSITION (Circle One): PRESIDENT SECRETARY TREASURER
SR VICE JR VICE CHAPLAIN CONDUCTRESS/CONDUCTOR GUARD
3 YR TRUSTEE 2 YR TRUSTEE 1 YR TRUSTEE

MEETING TIME CHANGE

OLD DAY & TIME: 1ST 2ND 3RD 4TH _____ AM PM
(Day) (Time)

NEW DAY & TIME: 1ST 2ND 3RD 4TH _____ AM PM
(Day) (Time)

EMAIL TO: treasurer@vfwauxoh.org

OR

MAIL TO: VFW AUXILIARY
35 E. CHESTNUT ST. #505
COLUMBUS, OHIO 43215