

2024-2025 VFW AUXILIARY OFFICIAL VISIT BY DISTRICT PRESIDENT / VISITING OFFICER REPORT FORM

1. Date of Inspection _____ How Many Members present at the meeting _____
Previous Years Membership as of June 30 _____ Membership at time of inspection _____
Average Attendance at monthly business meeting _____
2. District _____ Auxiliary _____
(Name and Number)
3. Location: _____
(Address City Zip)
4. Name of Auxiliary President _____
5. Are those serving in the positions of President, Secretary, Treasurer and Trustees (all three) the same as that submitted by Department Secretary? YES NO
If NO, please complete information on separate sheet and attach to this sheet
6. The office of the President shall hold the original bond of both offices. Does the bond show both
7. President & Treasurer Bonded? YES NO
Bonded By? _____ Date Bond Expires _____ Receipt Number _____
8. How many Regular meetings are held in the year? _____
(If less than 12, what are the blackout months?) _____
WHEN _____ Meeting Start Time _____
9. What does the Auxiliary charge as an admission fee for the new members? _____
a. What are the **Annual** dues for the auxiliary? _____
10. Does the Auxiliary hold active recruiting events? YES NO
11. Is the business meeting held Traditional Contemporary Round Table
12. Is the President using the current By-Law Podium Edition? YES NO
13. Are the meetings following the Auxiliary Order of Business according to National By-Law? Y N
14. Do newly obligated members receive the Auxiliary Membership Pin and Current By-Laws? Y N
15. With a show of hands, How many members present are logged onto Malta? _____
16. How many use the Resource Tools on National Website? _____
17. How many receive the E-newsletter? _____

18. Have chairman been appointed to correspond with ALL NATIONAL AND DEPARTMENT PROGRAMS?

Yes No

If NO, what programs are lacking a chairman and WHY?

19. Did the Auxiliary President have his/her chairmen promote programs or talk about program projects involving the members? YES NO

20. Is the Auxiliary participating and reporting on the projects? YES NO

21. Do you consider this Auxiliary to be in a good working order? YES NO Why? Or Why Not?

22. List any questions or concerns that arose during the visit for which our Department needs To respond that will help or encourage this Auxiliary

*I Certify I have inspected the auxiliary listed above _____
(District President / Official Visit Officer)*

THE RECORDS OF THE AUXILIARY SECRETARY AND TREASURER MUST BE SIGNED BY THE INSPECTING OFFICER.
One copy for the District President and one copy to each the Department President & Department Secretary to be sent to the Dept. Office 7 days after Inspection Date **IF THE INSPECTION IS NOT COMPLETED DUE TO NOT HAVING 1 REPORT FOR EACH PROGRAM, THE INSPECTING OFFICER MUST EMAIL THE DEPARTMENT PRESIDENT NOTIFYING THEM AS TO WHY IT IS NOT COMPLETED.**

Mail to: VFW Auxiliary Dept. of Ohio, 35 E Chestnut St, Suite 505, Columbus, OH 43215

DATE MAILED TO DEPT. PRESIDENT _____

DATE VIEWED BY DEPT. PRESIDENT OR DEPT SECRETARY _____

DATE MAILED TO CHIEF OF STAFF _____

2024-2025

District _____ Auxiliary _____