



FOR UNCOMMON HEROES®

DEPARTMENT OF OHIO VFW AUXILIARY

CHANGE FORM

DISTRICT _____ AUXILIARY# _____

RESIGNING OFFICER: _____ NEW OFFICER NAME: _____

MEMBERSHIP NUMBER: _____ MEMBERSHIP NUMBER: _____

RESIGNING OFFICER POSITION:

- ☐ PRESIDENT
- ☐ SR. VICE
- ☐ JR. VICE
- ☐ SECRETARY
- ☐ TREASURER
- ☐ CHAPLAIN
- ☐ CONDUCTOR
- ☐ GUARD
- ☐ 3 YEAR TRUSTEE
- ☐ 2 YEAR TRUSTEE
- ☐ 1 YEAR TRUSTEE

NEW OFFICER POSITION:

- ☐ PRESIDENT
- ☐ SR. VICE
- ☐ JR. VICE
- ☐ SECRETARY
- ☐ TREASURER
- ☐ CHAPLAIN
- ☐ CONDUCTOR
- ☐ GUARD
- ☐ 3 YEAR TRUSTEE
- ☐ 2 YEAR TRUSTEE
- ☐ 1 YEAR TRUSTEE

MEETING DAY / TIME CHANGE**OLD DAY & TIME:**

- ☐ 1ST _____
- ☐ 2ND _____
- ☐ 3RD _____
- ☐ 4TH _____

TIME: _____

- ☐ AM
- ☐ PM

NEW DAY & TIME:

- ☐ 1ST _____
- ☐ 2ND _____
- ☐ 3RD _____
- ☐ 4TH _____

TIME: _____

- ☐ AM
- ☐ PM

Email To:treasurer@vfwauxoh.org**Mail To:**

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