



VETERANS OF FOREIGN WARS AUXILIARY

NATIONAL HEADQUARTERS

OFFICER CHANGE OR CORRECTION FORM

Date Mailed: _____

Auxiliary No. _____ Dept. of _____

DATE OF CHANGE: _____

Change from: _____
Name President, Secretary or Treasurer

Change to: _____
Name President, Secretary or Treasurer

Membership ID No. _____

Address: _____

Phone: _____

E-Mail: _____

Change of Annual Auxiliary Dues: from \$ _____ to \$ _____

****Please Note: This form is not to be used to report Annual Elections****

Copy to: VFW Auxiliary Dept of PA
4002 Fenton Ave
Harrisburg, PA 17109

Fax: 717.233.4963