PRESIDENT

AUXILIARY

YEAR-END

Mail to: Grand President			Grand of		
		Due Date: Set by Grand President			
Date:	Auxiliary Name	e & Nur	mber:		
Number of Meetings held by Auxiliary:					
Hospital Visits made by you:					
Hospital Hours worked by you:			(Visit & Project)		
Total Auxiliary Hospital Credits \$	Hours:_				
Membership:					
Date Auxiliary reached 100%		_			
2016 as of April 30, 2016		_			
2017 as of January 31, 2017					
2017 as of April 30, 2017		_			
Auxiliary Participation in the Follo	wing Supreme Pro	ograms			
Hospital \$	National Home	(not Cl	nristmas Party)	\$	
Scholarship \$	Sup. Pres. Spec	ial Hos _l	pital Project	\$	
Auxiliary Participation in the Gran	ıd				
No. of C of A Meetings held by C		Atte	ended by you		
Did you attend the Grand Convention? Yes			No —		
Did Auxiliary participate in Grand Programs? Yes			No		
Have reports been made to Grand Chairmen? Yes			No		
Did you support the Grand Progr	ams?	Yes	No		
Explain how:					
ATTACH A RESUME of your active Cootie and the outstanding activities NOT include your VFW auxiliary act day listing of your activities. If you a Children, be sure to include this in your activities.	of the auxiliary duricivities. Your conciutended the Suprem	ing you se Resu	r administration ime should not b	and how you participated. DO be a travel log, a diary or a day-by	
You must be 100% in Membership	and include a Res	sume to	be in competiti	ion for President of the Year!!!	
Auxiliary Secretary Au		Auxilia	xiliary President		
l mail:		E mail:			