

Auxiliary Treasurer Information



Jackie Kimball
Department Treasurer

Contact information:

Jackie Kimball

1019 Queen Avenue


Salisbury, MD 21801-2008

410-749-9511—Home

410-219-3449—Fax

jackie.kimball@comcast.net



A cartoon illustration of Mickey Mouse at the bottom left, looking up with his arms raised in surprise or excitement. He is surrounded by a large, dense shower of US dollar bills falling from the top of the frame. The background is black.

AUXILIARY TREASURERS

Thank you Auxiliary and District Treasurers and welcome! You have assumed a very important position in your Auxiliary and District. As Treasurer of your Auxiliary and/or District you are SOLE custodian of the funds for your Auxiliary/District. You also have the responsibility for transmitting the membership, following the prescribed rules by National and Department. Understand that you Manage the finances, transmit membership and maintain records, according to our National Organization. Being a Treasurer is an **IMPORTANT RESPONSIBILITY**.

If you are a new Treasurer, you must complete IRS form 8822-B, which is included. Be sure to change the signature cards at your bank. Between July 1 and November 15 you must file form 990. The 990 can only be filed online only. If you want me to file this for you make sure you ensure that I have your Auxiliary on the list of the ones I file. I am happy to file for you, but please let me know.

Treasurers are to collect all money due the Auxiliary and gives a receipt for all cash received. The Treasurer submits all forms necessary to be in compliance with Federal and State regulations. Treasurers can have several funds in their ledger, but each Auxiliary Treasurer **MUST** have a General Fund and a Relief Fund. Remember Treasurers your accounting of the Auxiliary/District Funds must be kept according with how your Membership votes.

Treasurers I am here and available to you if you run into a snag. Problems grow the longer we wait. Let's tackle any problems or concerns you have before they balloon into something overwhelming.

“Being a Treasurers is not for Sissies!”

GENERAL DUTIES OF THE TREASURER

- ♦ Duties of the Treasurer are most efficiently conducted through electronic means. The Treasurer is responsible for keeping National Headquarters up to date with bank information, i.e. account number and/or routing number.
- ♦ The Treasurer shall write and sign checks as voted on.
- ♦ The Treasurer shall be the Treasurer of all Auxiliary committees handling funds.
- ♦ Upon approval by the National President, the Auxiliary President may appoint an acting Treasurer when the Treasurer is unable to function for a period of time due to illness, death, resignation, or extended vacations. The request must be in writing to the National President.
- ♦ All funds shall be accounted for by the Treasurer in the Auxiliary books, which shall consist of a ledger, cash book, or a computerized system and printed and secured in a permanent record book, so long as the records contain the same data as required formats prescribed by National Headquarters.
- ♦ The manner in which the Treasurer's Reports are read, printed and/or distributed shall be at the discretion of the Auxiliary by vote of the membership.
- ♦ The Trustees or Audit Committee members shall sign the Audit and initial all pages of the Treasurer's records.
- ♦ The Treasurer shall collect all money due and give a receipt for all cash.
- ♦ The Treasurer shall submit all forms necessary to be in compliance with Federal and State regulations.
- ♦ The Treasurer shall, at the end of their term of office, or sooner if so ordered by proper authority, transfer to their successor without delay, all paper, books, money, and other property of the Auxiliary in their possession.

Auxiliary Treasurer

- ♦ The Auxiliary Treasurer shall hold all funds and securities belonging to the Auxiliary in a FDIC or equivalent Banking Institution in the name of the Auxiliary.
- ♦ An Auxiliary shall have a General Fund and a Relief Fund And any other funds needed, such as:
 - ♦ A National and Department Dues Fund
 - ♦ A Cancer Insurance Fund
 - ♦ A Kitchen Fund
 - ♦ A Bingo Fund
 - ♦ And so forth
- ♦ Money in the Funds shall be maintained in one (1) checking account. However, if state law requires money in the Bingo, Gaming or similar Fund to be maintained in a separate checking account, then the Auxiliary may have two (2) checking accounts.
- ♦ Auxiliary bonds purchased for the offices of the President and Treasurer do not cover gaming accounts.

Trustees, Duties of (All Levels)

- ♦ All audits are to be completed by the elected Trustees with a minimum of two (2) in attendance. At least one (1) must be an elected Trustee.
- ♦ The President, Secretary, and Treasurer should attend the audit. They are not allowed to perform the audit. A signed copy of the accepted audit shall be forwarded to the Department Treasurer by the most Senior Trustee present at the audit. A pro tem can be appointed to audit the books under extenuating circumstances.
- ♦ It shall be the duty of the Trustees to properly audit the books and records of the Auxiliary Treasurer and Secretary no later than the end of the month following the expiration of each quarterly period.
- ♦ Trustees and pro tems shall sign the audit
- ♦ All pages attached to the record books shall be signed/initialed by the Trustees at time of the audit. (See Booklet of Instructions)

Quarter	Months Covered	Audit Completed by	Accepted Audit sent to Department Treasurer no later than
First	January, February, March	April 30 Annually	May 31, Annually
Second	April, May, June	July 31, Annually Note: Invite outgoing Treasurer and outgoing Trustees to the Audit	August 31, Annually
Third	July, August, September	October 31, Annually	November 30, Annually
Fourth	October, November, December	January 31 Annually	February 28, Annually

- ♦ The Trustees shall submit and read the written report during an Auxiliary meeting.
- ♦ A motion to accept the audit is required.
- ♦ A copy of the accepted audit shall be included in the minutes record book.
- ♦ Quarterly they shall record the date of audit made and certify by their signatures in all books that the books and records were found correct.
- ♦ They shall verify all expenditures of the Auxiliary and certify by their signatures to the correctness of each bill before payment may be made of same by the Treasurer. They shall, in addition to the foregoing, audit the records and accounts of all committees, Officers and members, having to do with the receipt and expenditure of the Auxiliary, District and County Council funds and perform such other duties incident to their office as the Auxiliary may direct or the law require.
- ♦ The Senior Trustee whose term expires at the next election serves as Chairman and shall

call the meetings for the audits.

- ♦ Audit reports must be incorporated in the minutes, but the Secretary may read only the balances.
- ♦ Any negligence on the part of the Trustees in carrying out the mandates of this Section, or in attending audits, shall make them individually and collectively responsible, with any others, for any discrepancy.
- ♦ It shall be the duty of the Trustees to see that the offices of the President and Treasurer are bonded with an indemnity company authorized by National Headquarters or the Department.
- ♦ As surety in a sum at least double the amount of funds and value of property for which, so far as can be anticipated, the President and Treasurer may be accountable.
- ♦ The amount shall be approved by the body and the bond premium paid from their funds. A motion shall be made, passed and included in the Secretary's minutes.
- ♦ The office of President shall hold the original bond of both offices.
- ♦ A copy of both the President and Treasurer bonds shall be incorporated into the minutes each year.
- ♦ Bonds do not cover gaming accounts i.e., Bingo (See the Treasurer's Guide).
- ♦ Should a Trustee resign, move away, etc. the Auxiliary will elect a member to fill the unexpired term of that particular Trustee.





TREASURERS STUFF NOT TO FORGET

MONTH OF JUNE

Membership Time (Dues Collection starts)—Time to be collecting dues from your continuous members to be put on in July. **Time to mail out your Dues Reminders for 2024 Membership Year. Recruit New Members.**

MONTH OF JULY

Membership Time—Treasurers can begin putting on their continuous members for 2024, sometime around July 7-10. Recruit and send new members to me.

New Treasurers—File form 8822B with the IRS to register the name and address of the current responsible party (Treasurer). The form can be found on MALTA or IRS websites.

New Treasurer & Auxiliary President—Go to bank and have the signature cards changed on all your Auxiliary accounts. Remember Auxiliaries and Districts are required to have two signatures (President & Treasurer).

Audit Time—Second Quarter (April—May—June)

Should be completed by July 31 and sent to Department Treasurer no later than August 31. *Invite outgoing Treasurer/Trustees and Incoming Treasurer & Trustees to be there.*

Bond Time—Bonds must be paid through MALTA. **Please pay by July 20th.** Per National Bylaws each Auxiliary and District office of President and Treasurer must be bonded. **For Treasurers who don't have access to MALTA call or email Department Treasurer before July 20th to arrange for me to pay bond for you. Those Auxiliaries who don't pay their bond by July 20th, I will be paying your bond and will be sending you an invoice.**

990 Time—Beginning July 1st 990s can be filed. Please file as soon as possible in July and send a copy to me. I file 990s for some Auxiliaries in the Department. When I file it I will send you a copy. Keep in mind even though you are filing it in 2023, your receipt for filing will read for year 2022. JUST LIKE YOUR PERSONAL INCOME TAX.

MONTH OF AUGUST



BY AUGUST 31ST YOU SHOULD BE AT LEAST 65%.

Standing Obligations—Begin fund raising activities for Standing Obligations.

MONTH OF SEPTEMBER

Membership Time, Dues Collection continues—Continue to contact continuous members collecting their dues and put on to MALTA immediately. Look to recruit new members.

Standing Obligations——Begin sending your donations for the following Standing Obligations:

- 1) Hospital Fund
- 2) Hospital Treat
- 3) VFW National Home Health & Happiness Christmas Cheer Fund: 10¢ Per Member or 25¢ per member, based on your June 30, 2023 Membership.
- 4) VFW National Home—Maryland House Fund
- 5) Scholarship Fund
- 6) Veterans & Military Support.
- 7) Fund: MAP Program (Military Assistance), Unmet Needs, Operation Uplink (3 separate VFW programs under same umbrella) Donations needed for all three (3).
- 8) Cancer Aid & Research—**OPTIONAL NOT A MANDATORY DONATION**
- 9) President's Special Project—US Kennels
- 10) Buddy Poppy orders.
- 11) District dues must be paid to your **DISTRICT TRESAUSRER** by September 30.

Last year donations were way down. If able please increase your donations to help our hospitalized veterans.

MONTH OF OCTOBER

Membership—Membership—Membership!!! TIME TO NARROW IN ON 95%
Revisit the Standing Obligations



**BY OCTOBER 30TH YOU SHOULD BE AT
LEAST 95%.**

AUDIT TIME—Third Quarter (July—August—September)

Should be completed by October 31 and sent to Department Treasurer no later than November 30.

MONTH OF NOVEMBER

Membership—Membership—Membership!!! CONTINUE TO WORK YOUR MEMBERSHIP
RECRUIT, RECRUIT, RECRUIT—NEW MEMBERS ALWAYS WELCOME.

Revisit the Standing Obligations

MONTH OF DECEMBER

**Make a Splash at the
Christmas Conference!**

**Bring Donations—WE LOVE DONATIONS
AT CHRISTMAS TIME!**

Bring Donations for the following:

- 1) Hospital Fund
- 2) Hospital Treat
- 3) VFW National Home—Maryland House Fund
- 4) Scholarship Fund
- 5) Veterans & Military Support.
- 6) Fund: MAP Program (Military Assistance), Unmet Needs, Operation Uplink (3 separate VFW programs under same umbrella) Donations needed for all three (3).
- 7) President's Special Project—US Kennels

100% by December 31, 2023



MONTHS OF JANUARY—FEBRUARY—MARCH

AUDIT TIME—Fourth Quarter (October—November—December)

Should be completed by January 31 and sent to Department Treasurer no later than February 28.

MEMBERSHIP—Push, **Push, PUSH** for every continuous and lapse member and always **Recruit new members.**



MONTHS OF MARCH—APRIL

State of Maryland **Personal Property Filing due by April 15.** Don't forget to send me a copy of the completed filing.

MEMBERSHIP—Push, **Push**, **PUSH** for every continuous and lapse member and always **Recruit new members.**

AUDIT TIME—First Quarter (January—February—March)

Should be completed by April 30 and sent to Department Treasurer no later than May 31.

MONTH OF MAY

MEMBERSHIP—Push, **Push**, **PUSH** for every continuous and lapse member and always **Recruit new members.**



Where to Send Donations

VFW NATIONAL HOME HEALTH & HAPPINESS CHRISTMAS CHEER FUND & CANCER AID & RE- SEARCH

Donations can be made to this fund in MALTA. Those Auxiliaries that can't log in to MALTA can make their check payable to Dept. of MD VFW Auxiliary and earmark it for Health & Happiness or Cancer Aid & Research.

VFW NATIONAL HOME HEALTH MARYLAND HOUSE FUND

Checks for the Maryland House Fund can be made payable to Dept. of Maryland VFW Auxiliary and earmarked MD House Fund and mailed to:

Jackie Kimball, Treasurer
Dept. of MD VFW Auxiliary
1019 Queen Avenue
Salisbury, MD 21801-2008

DEPARTMENT OF MARYLAND HOSPITAL FUND

Checks for the Dept. of MD Hospital Fund can be made payable to Dept. of MD VFW Auxiliary and earmarked Hospital Fund and mailed to:

Jackie Kimball, Treasurer
Dept. of MD VFW Auxiliary
1019 Queen Avenue
Salisbury, MD 21801-2008

DEPARTMENT OF MARYLAND HOSPITAL TREAT

Checks for the Dept. of MD Hospital Treat can be made payable to Dept. of MD VFW Auxiliary and earmarked Hospital Treat and mailed to:

Jackie Kimball, Treasurer
Dept. of MD VFW Auxiliary
1019 Queen Avenue
Salisbury, MD 21801-2008

DEPARTMENT PRESIDENT'S SPECIAL PROJECT—US KENNELS

Checks for the Department President's Special Project can be made payable to Dept. of Maryland VFW Auxiliary and earmarked President's Special Project and mailed to:

Jackie Kimball, Treasurer
Dept. of MD VFW Auxiliary
1019 Queen Avenue
Salisbury, MD 21801-2008

VETERANS & MILITARY SUPPORT PROGRAM

MAP Program—Unmet Needs—Operation Uplink
Donations can be sent to me earmarked appropriately or earmarked appropriately and mailed to:

VFW Foundation
406 West 34th Street, Ste. 920
Kansas City, MO 64111

BUDDY POPPY ORDERS

Dept of MD VFW
War Memorial Building, Room J
101 North Gay Street
Baltimore, MD 21202

SCHOLARSHIP

Checks for Scholarship can be made payable to Dept. of MD VFW Auxiliary and earmarked Scholarship and mailed to:

Jackie Kimball, Treasurer
Dept. of MD VFW Auxiliary
1019 Queen Avenue
Salisbury, MD 21801-2008



Relief Fund Guide

The Relief Fund shall consist of the proceeds from:

1. Net proceeds from Buddy Poppy distributions.
2. Any contribution or other funds available.

Relief Fund money shall be restricted and expended by majority vote of members at a meeting solely for these purposes:

1. Aid to Auxiliary members needing financial assistance.
2. To meet ALL obligations or gifts to the VFW National Home for Children. See Page 53 of the Treasurer's Guide for more assistance with National Home donations.
3. Hospital work for all veterans, members of the Armed Forces, Auxiliary members and their family members.
4. Veterans & Family Support work for all veterans, members of the Armed Forces, Auxiliary members and their families.
5. National Auxiliary Cancer Aid & Research Fund.
6. Special purposes authorized by National Headquarters.
7. To perpetuate the memory of deceased veterans and members of the Armed Forces, and to comfort their survivors.
8. To foster true patriotism through historical and educational programs. All other expenditures shall come from the General Fund.

Record Retention Guide

RECORD NAME	MINIMUM SUGGESTED RETENTION PERIOD
Accounts payable Invoices	6 Years
Accounts payable ledger	6 Years
Accounts receivable ledger	6 Years
Audit reports	6 Years
Bank deposit slips	6 Years
Bank statements and reconciliations	6 Years
Bonds (i.e. Treasurer's Bond Receipt)	3 Years after expiration of policy
Budgets	6 Years
Bylaws	6 Years
Cancelled checks	6 Years
Cash receipt records	6 Years
Charter	Permanent
Contracts	6 years after the termination or completion of contract
Correspondence, General	1 Year
Depreciation schedules	The later of 6 years of the asset being fully depreciated or disposal of the asset
Detailed fixed asset records	The later of 6 years of the asset being fully depreciated or disposal of the asset
Disbanded Auxiliary Records	7 Years
Disciplinary Action file	1 Year from completion
Election of Officer reports	6 Years
Employee records	6 Years after the employment relationship has ended or 30 years if lawsuit or injury
Expense vouchers	6 Years
Financial reports	6 Years
Garnishments	6 Years
General Ledger	7 Years
Incorporation papers	Permanent

Record Retention Guide

RECORD NAME	MINIMUM SUGGESTED RETENTION PERIOD
Inspection reports	1 Year
Insurance records, general	3 years after expiration of policy
Inventory records	The later of 6 years after inventory has been used or written off
Lease records	6 years after termination of lease
Membership Applications, Annual & Life	Until the member has been deceased for 6 years or has reached 120 years of age.*
Membership Dues Record Cards	6 years*
Membership Listings	6 years*
Minutes of Auxiliary Meetings	6 Years*
Payroll register	6 Years**
Petty cash records	6 Years
Program chairman annual reports	1 Year
Standing Rules	6 years
Tax records	7 years
Treasurer reports, monthly	6 years***
<p>*Membership applications should be retained as a permanent record to aid in establishing length of membership, original eligibility, and other items of historical value. Membership listings may be destroyed after six (6) years ONLY if ALL membership applications are permanently retained.</p>	
<p>**In some instances, it may be advisable to retain the minutes of Auxiliary meetings permanently when those minutes contain policy decisions. Normally, however, those policy decisions would have been incorporated into the Auxiliary Standing Rules, and the minutes would only be of minor historical significance.</p>	
<p>***Monthly Treasurer reports usually prove to be “dead files” once the quarterly and annual audit reports are completed. However, it is recommended that they be retained for a period of six (6) years, should a detailed reconstruction of the Auxiliary’s financial situation be required by an auditor or the IRS.</p>	

Change of Address or Responsible Party — Business

► Please type or print.

► See instructions on back. ► Do not attach this form to your return.
► Go to www.irs.gov/Form8822B for the latest information.

OMB No. 1545-1163

Before you begin: If you are also changing your home address, use Form 8822 to report that change.

If you are a tax-exempt organization (see instructions), check here ☐

Check **all** boxes this change affects.

- 1 ☐ Employment, excise, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1065, 1120, etc.)
- 2 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 3 ☐ Business location

4a Business name	4b Employer identification number
-------------------------	--

5 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Foreign postal code
----------------------	-------------------------	---------------------

6 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Foreign postal code
----------------------	-------------------------	---------------------

7 New business location (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Foreign postal code
----------------------	-------------------------	---------------------

8 New responsible party's name

9 New responsible party's SSN, ITIN, or EIN. (CAUTION: YOU MUST REFER TO THE INSTRUCTIONS FOR FORM SS-4 TO SEE WHO MAY USE AN EIN.)

10 Signature. Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Daytime telephone number of person to contact (optional) ► _____

**Sign
Here**

Signature of owner, officer, or representative	Date
Title	

Where To File

Send this form to the address shown here that applies to you.

IF your old business address was in . . .	THEN use this address . . .
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service Kansas City, MO 64999
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, any place outside the United States	Internal Revenue Service Ogden, UT 84201-0023

Future Developments

Information about any future developments affecting Form 8822-B (such as legislation enacted after we release it) will be posted at www.irs.gov/Form8822B.

Purpose of Form

Use Form 8822-B to notify the Internal Revenue Service if you changed your business mailing address, your business location, or the identity of your responsible party. Also, any entities that change their address or identity of their responsible party must file Form 8822-B, whether or not they are engaged in a trade or business. If you are a representative signing for the taxpayer, attach to Form 8822-B a copy of your power of attorney. Generally, it takes 4 to 6 weeks to process your address or responsible party change.

Changing both home and business addresses? Use Form 8822 to change your home address.

Tax-Exempt Organizations

Check the box if you are a tax-exempt organization. See Pub. 557, Tax-Exempt Status for Your Organization, for details.

Addresses

Be sure to include any apartment, room, or suite number in the space provided.

P.O. Box

Enter your box number instead of your street address only if your post office does not deliver mail to your street address.

Foreign Address

Follow the country's practice for entering the postal code. Please do not abbreviate the country name.

"In Care of" Address

If you receive your mail in care of a third party (such as an accountant or attorney), enter "C/O" followed by the third party's name and street address or P.O. box.

Responsible Party

Any entity with an EIN is required to report a change in its "responsible party" on lines 8 and 9 within 60 days of the change. See Regulations section 301.6109-1(d)(2)(ii). See Form SS-4, Application for Employer Identification Number, and its instructions, for guidance about who can be a "responsible party" for line 8 and which identification number to enter for line 9.

Signature

An officer, owner, general partner or LLC member manager, plan administrator, fiduciary, or an authorized representative must sign. An officer is the president, vice president, treasurer, chief accounting officer, etc.



If you are a representative signing on behalf of the taxpayer, you must attach to Form 8822-B a copy of your power of attorney. To do this, you can use Form 2848. The Internal Revenue Service will not complete an address or responsible party change from an "unauthorized" third party.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to carry out the Internal Revenue laws of the United States. Our legal right to ask for information is Internal Revenue Code sections 6001 and 6011, which require you to file a statement with us for any tax for which you are liable. Section 6109 requires that you provide your identifying number on what you file. This is so we know who you are, and can process your form and other papers.

Generally, tax returns and return information are confidential, as required by section 6103. However, we may give the information to the Department of Justice and to other federal agencies, as provided by law. We may give it to cities,

states, the District of Columbia, and U.S. commonwealths or possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

If you are an entity with an EIN and your responsible party has changed, use of this form is mandatory. Otherwise, use of this form is voluntary. You will not be subject to penalties for failure to file this form. However, if you fail to provide the IRS with your current mailing address or the identity of your responsible party, you may not receive a notice of deficiency or a notice of demand for tax. Despite the failure to receive such notices, penalties and interest will continue to accrue on any tax deficiencies.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 18 minutes.

Comments. You can send us comments from www.irs.gov/FormComments. Or you can write to the Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Don't send the form to this office.**

VFW Auxiliary Member Change/ Update Form

Rev. 8-18

REQUIRED FIELDS:

Member's Current Name _____ Membership ID No. _____
 Current Address _____
 E-mail Address _____ Phone Number (_____) _____
 Current Auxiliary # _____ Department of _____ Date of Birth _____

☐ **NAME CHANGE** Former Name: First _____ Last _____

☐ **ADDRESS CHANGE**

☐ **CONTINUOUS ANNUAL DUES (We recommend using the Membership Summary Form for multiple dues payments.)**

☐ **CONVERT TO LIFE MEMBER**

Life Membership Fee \$ _____

Check here if this is a gift. It will be mailed to the Auxiliary Treasurer. ☐

Payment Methods:

☐ **Check:** Make check payable to: **VFW Auxiliary**

☐ **Credit Card** ☐ VISA ☐ MasterCard ☐ Discover ☐ AMEX

Name as it appears on the card: _____

Address associated with the card holder: _____

Credit Card Number _____

CVV Code _____ (3 digit code shown on back of credit card) Expiration _____ / _____
 Month / Year

Card Holder's Signature _____ Date _____

☐ **ACH (Bank withdrawal)** Name of Bank _____ Routing Number _____

Attached voided check HERE (required) Account Number _____

☐ **REPLACE MY MEMBER CARD**

\$5 Annual \$10 Life

NAME CHANGES OR LOST CARD REQUESTS MUST BE ACCOMPANIED BY A CHECK made payable to VFW Auxiliary or complete the payment information above if using a credit card or ACH. Please send directly to National Headquarters at 406 W. 34th St., 10th Floor, Kansas City, MO 64111. You can also order a replacement card online in MALTA by visiting vfwauxiliary.org and selecting "Member Login."

☐ **DEATH REPORT** Date of Death _____

LIFE MEMBERSHIP FEES

Effective 1/1/2017

Attained age at 12/31 of year applying for Life Membership.

Through 20	\$253
21-25	\$242
26-30	\$230
31-35	\$219
36-40	\$213
41-45	\$201
46-50	\$196
51-55	\$184
56-60	\$173
61-65	\$161
66-70	\$150
71-75	\$132
76-80	\$109
81-85	\$86
86-90	\$69
91 and over	\$58



DEPARTMENT OF MARYLAND VFW AUXILIARY



For the Period of:_____ Through:_____

Auxiliary Name and Number:_____

FUND	OLD BALANCE	(+) RECEIVED	(-) DISBURSED	NEW BALANCE
General	\$	\$	\$	\$
Relief (must have)	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Totals	\$	\$	\$	\$ ⁽¹⁾

Outstanding Checks:

#	\$
#	\$
#	\$
#	\$
#	\$
#	\$
#	\$
#	\$
#	\$
#	\$
#	\$
#	\$
#	\$
#	\$
Total	\$

Treasurer's Book Balance \$_____⁽²⁾

Bank Statement: \$
 Plus Deposits: \$ (Since Statement)
 Plus Cash: \$ (On Hand)
 Minus Checks: \$ (Outstanding)
 Total Balanced Statement: \$
 Savings and/or CD: \$

ITEMS 1, 2 AND 3 SHOULD ALL AGREE IN TOTAL AMOUNTS

We find the books of the Secretary and Treasurer in proper order as audited on this date.

Trustee #1

Trustee #2

Trustee #3

Date:_____

MAIL TO: Jackie Kimball, PDP
 Treasurer Dept. of MD VFW AUX
 1019 Queen AVE
 Salisbury, MD 21801
 jackie.kimball@comcast.net

You need three (3) copies of the Audit Report for: Senior Trustee, Auxiliary Secretary and a copy to be mailed to the Department Treasurer. YOU MUST ALSO INCLUDE A COPY OF YOUR LAST BANK STATEMENT, INCLUDING THE RECONCILIATION PAGE FOR THE DEPARTMENT TREASURER.

AUXILIARY—DISTRICT AUDIT WORKSHEET

RECEIPTS				
MONTH				TOTALS
GENERAL FUND				
RELIEF FUND				
TOTALS				

DISBURSEMENTS				
MONTH				TOTALS
GENERAL FUND				
RELIEF FUND				
TOTALS				

TREASURER'S REPORT

Period _____ Thru _____ Meeting Date _____

Date	Receipt Number	Description of Receipt	Amount	Date	Check Number	Description of Disbursements	Amount
		Total Receipts				Total Disbursements	

Statement of Funds	Last Balance	Receipts	Disbursements	Balance of this Meeting
General Fund				
Relief Fund				
Total of All Funds				

GENERIC BANK RECONCILIATION

For Month of:

Ending Bank Balance:		Ending Checkbook Balance:	
	Amount		Amount
	\$		\$
Outstanding Deposits			
Date	Amount		
	\$		
	\$		
	\$		
	\$		
	\$		
Total Outstanding Deposits	\$	Add Interest	Amount
			\$
		Less Bank Service Charges	Amount
			\$
Outstanding Checks	Amount		
Check Number		Adjusted Check-book Balance	Amount
	\$		\$
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
Total Outstanding Checks	\$		
Adjusted Bank Balance	\$		



**DEPARTMENT OF MARYLAND
VFW AUXILIARY
TREASURER'S DISTRIBUTION FORM**

Make checks payable to:
Dept. of MD VFW Auxiliary
Send to:
Jackie Kimball, PDP
Department Treasurer
1019 Queen Avenue
Salisbury, MD 21801-2008

This form is not mandatory to use. This form is provided only for your convenience. Please refrain from using the actual, refund and comments boxes below.

STANDING DONATIONS VFW & AUXILIARY

Cancer Aid & Research (Not Mandatory)	\$ _____
President's Special Project	\$ _____
National Home Health & Happiness Fund	\$ _____
Dept. of VFW Service Office Fund	\$ _____
Scholarships	\$ _____
Department Hospital Fund	\$ _____
Department Hospital Treat	\$ _____
VFW Foundation—Operation Uplink	\$ _____
VFW Foundation—MAP (Military Assistance Program)	\$ _____
VFW Foundation—UnMet Needs	\$ _____

Date _____

Auxiliary No. _____

District No. _____

Auxiliary Check No. _____

Check Amount \$ _____

1

TOTAL STANDING DONATIONS

\$ _____

MEMBERSHIP—DUES

Membership—New Annual	\$ _____
Membership—Continuous	\$ _____
Membership—New Life	\$ _____
Membership—Annual Converting to Life	\$ _____
Membership—Life Credit Card	\$ _____
Membership—Life Credit Card, Anul Convert to Life	\$ _____

2

TOTAL MEMBERSHIP—DUES

\$ _____

MISCELLANEOUS DONATIONS

Quilt 1—Hospital Program	\$ _____
Quilt 2—Hospital Program	\$ _____
Quilt—President's Special Project	\$ _____
_____	\$ _____
_____	\$ _____

3

TOTAL MISCELLANEOUS

\$ _____

GRAND TOTAL (1 + 2 + 3)

\$ _____

	No. of				
New Annual		\$	\$	\$	
New Life		\$	\$	\$	
Continuous		\$	\$	\$	
Convert to Life		\$	\$	\$	
Transfers		\$	\$	\$	
Totals		\$	\$	\$	

Date Refund to Auxiliary	Check Number	Amount	Reason for Refund
--------------------------	--------------	--------	-------------------