



Be a Veteran's P.A.L.

Membership

2023 - 2024 Report Form

Betty Ann Johnson, Department Chairperson

12567 Peach Lane

Cordova, MD 21625



Home 410-763-8951/Cell 410-253-5550 bettyannjohnson@hotmail.com

Auxiliary _____ District _____ Month _____ Chairman _____

Reporting Period: From _____ To _____

This month - Hours _____ Projects Cost \$ _____ Mileage _____ Volunteers # _____

Did your Auxiliary utilize any of the Membership material/resources available in MALTA Member Resources?

Yes _____ No _____

Did your Auxiliary promote, participate and/or co-host with your Post an activity regarding the VFW and/or VFW Auxiliary education and Membership Recruitment?

Yes _____ No _____

Did your Auxiliary regularly educate their members on the benefits of their membership? (Example: insurance plans, (travel benefits, cancer grants, hearing plans, etc.)

Yes _____ No _____

Did you educate members on the Nat'l Membership Program Awards?

Yes _____ No _____

How many auxiliary members participated in any recruiting event on any level? # _____

Did you educate members on the Nat'l Membership Program Awards?

Yes _____ No _____

How many auxiliary members were recruited in this reporting period? # _____

Other Membership projects or activities (Use additional sheet if necessary):