

VFW AUXILIARY DEPARTMENT OF MARYLAND AUXILIARY / OFFICER / MEMBER CHANGE FORM

Auxiliary No	DISTRICT NO CU	JRRENT DATE:	
A. INDICATE <u>AUXILIARY</u>	INFORMATION THAT IS T	O BE UPDATED (CHECK ALL THA	T APPLY)
CHANGE OF MEETING PLACE	E:Previous Meeting Place	New Meeting Place	
CHANGE OF MEETING DAY/T	IME:Previous Meeting Day/Time	New Meeting Day/T	
CHANGE OF ANNUAL DUES:	•	New Dues Amount	
CHANGE OF OFFICER:	icate Office Name of Pre	Name of N	New Officer
		RIRS Form 8822 B Within 60 Da	
B. INDICATE <u>MEMBE</u>	INFORMATION THAT IS	S TO BE UPDATED (CHECK AL	LL THAT APPLY)
CHANGE OF NAME: Form	er First Name:	New First Name:	
		New Last Name:	
CHANGE OF ADDRESS	CHANGE OF TELEPHONE NO.	CHANGE OF EMAIL ADDRESS	DEATH OF MEMBER
COMPLETE THE FOLLOWING	INFORMATION FOR MEMBER / NE	ON OFFICER REING LIBRATER	DATE OF DEATH
COMPLETE THE FOLLOWING INFORMATION FOR MEMBER / NEW OFFICER <u>BEING UPDATED</u> : MEMBER'S NAME: MEMBERSHIP ID No			
PHONE NO. HOME:		CELL:	
C. MEMBERSHIP CAR	D REPLACEMENT:		
Replacement card fees: ANNL	JAL MEMBER - \$5 or LIFE MEMBE	ER - \$10. Cards can be replaced in any	y of the following manners:

- 1. Member can order their own replacement card thru their MALTA account. Paper cards can also be downloaded from MALTA.
- 2. Auxiliary Treasurers can purchase replacement cards on members behalf.
- 3. Member can send request and applicable fee to the Department Treasurer. Make check payable to 'VFW Auxiliary Department of MD', earmarked 'Replacement Card'.

To Process Changes - SEND COMPLETED FORM TO: DEPARTMENT SECRETARY LIBBY DALLATEZZA 1751 Keysville Road So. ~ Keymar, MD 21757

EMAIL: vfwauxsecretary4md@comcast.net