

UNWAVERING SUPPORT



FOR UNCOMMON HEROES™

## VFW AUXILIARY DEPARTMENT OF MARYLAND

### Officer, Dues, Meeting, Change or Correction Form

Date: \_\_\_\_\_

Auxiliary # and Name \_\_\_\_\_

Change from: \_\_\_\_\_ Position: \_\_\_\_\_

Change to: \_\_\_\_\_ Position: \_\_\_\_\_

Membership ID# \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Change in Auxiliary dues: from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Change in Meeting time to: Day \_\_\_\_\_ Time \_\_\_\_\_

**\*\*PLEASE NOTE: THIS FORM IS NOT TO BE USED FOR ANNUAL ELECTIONS\*\***

Send to: Libby DallaTezza  
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Phone: 410-259-1967