

## Application for All-State Auxiliary President

Auxiliary Name \_\_\_\_\_ # \_\_\_\_\_ District \_\_\_\_\_

Auxiliary President's Name (Please Print) \_\_\_\_\_

1. When did your Auxiliary reach 100% in membership \_\_\_\_\_
2. The Auxiliary was represented by the (circle one or more) President, Senior Vice, Junior Vice at all District meetings and Schools of Instruction. Signature of District President to Verify \_\_\_\_\_ Date \_\_\_\_\_
3. Did your Auxiliary participate and report in all National Programs? \_\_\_\_\_  
Please enter the month of at least one report was sent from your Auxiliary to the Department Chairman in the following programs:

Americanism \_\_\_\_\_  
Cancer Aid and Research \_\_\_\_\_  
Community Service \_\_\_\_\_  
Hospital/VAVS \_\_\_\_\_  
Legislative/PAC \_\_\_\_\_  
Veterans & Family Support \_\_\_\_\_  
Voice of Democracy/Patriot's Pen \_\_\_\_\_  
Youth Activities \_\_\_\_\_

4. Were all audits in the Department Office by April 30, 2010? \_\_\_\_\_
5. Did your Auxiliary hold a minimum of ten (10) meetings? \_\_\_\_\_ List dates \_\_\_\_\_  
\_\_\_\_\_
6. Were all quotas paid by April 30, 2010? \_\_\_\_\_

Your application must be received by the **Department Membership Chairman** by May 7, 2010. All information will be verified by Department records.

Auxiliary President Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_