

Application for All-State District Auxiliary President

Auxiliary Name _____ # _____

District President's Name (Please Print) _____ District _____

1. When did your District reach 100% in membership? _____
2. Did you attend at least two (2) Council of Administration meetings? _____
3. Did your District attain at least 80% participation and reporting in all National Programs? _____
4. Please enter the percentage reported to Department 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 _____

5. Were all Auxiliary audits in the Department Office by April 30, 2010? _____
6. Were all Auxiliaries and Jr. Girls Units inspected and reported to the Department Office by January 10, 2010? _____
7. Did you hold at least two (2) District meetings in 2009-2010 year? Please list the dates. _____

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

District President Signature _____ Date _____

Address _____