

**DEPARTMENT VFW AUXILIARY
DISTRICT MEETING NOTICE
(Due 60 days prior to meeting)**

DISTRICT NO. _____ DATE OF MEETING _____

HOSTESS AUXILIARY _____
(NAME) (AUXILIARY NO.)

ADDRESS _____ CITY _____ ZIP _____

PHONE NO. _____

AUXILIARY PRESIDENT'S NAME _____

**“Schools of Instruction will be incorporated in the first District meeting; not a separate activity before your regular meeting.
Please adjust the times you will list below to accommodate this.”**

AGENDA

_____ Location if different than above

_____ AUDIT _____
TIME (Location)

_____ DISTRICT MEETING REGISTRATION _____
TIME (Location)

_____ FLOOR PRACTICE _____
TIME (Location)

_____ MENU _____ COST _____
TIME
Location, if different from meeting location: _____

_____ DISTRICT MEETING _____
TIME (Location)

What type of training will be conducted? _____

Will the Department Representative be expected to do the training? Yes or No

Aide to Department Representative _____

Cell phone number, if applicable _____

DISTRICT PRESIDENT _____

TELEPHONE (_____) _____

E-MAIL ADDRESS: _____