

APPLICATION FOR AUXILIARY ALL-STATE PRESIDENT

Auxiliary Name: _____

Auxiliary Number: _____ District Number: _____

Auxiliary President's Name: _____

1. When did your Auxiliary reach 100% in membership? _____
2. Did the Auxiliary President, Senior Vice President or Junior Vice President attend all District Meetings and Schools of Instruction:
Yes___ No___

Signature of District President to verify _____ Date_____

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1. Did your Auxiliary participate and report in all National Programs?
Yes___ No___
 2. Were all audits up to date as of the date of this report?
Yes___ No___
 3. Did your Auxiliary hold at least 10 business meetings each with a quorum?
Yes___ No___
 4. Were all quotas paid by December 31, 2023?
Yes___ No___

Date: _____

Auxiliary President's Signature: _____

Address: _____

Your application must be received by the Department Membership Chairman by April 15, 2024.
All information will be verified by Department Records.

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