

District Delegates

(this form is to be sent to your DISTRICT Secretary)

Auxiliary Name _____ Auxiliary # _____ District # _____

Date of Election _____ Total Members on March 31 _____ Number of Delegates _____

	Delegate Name	Member #	Alternate Name	Member #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Note: Elect 1 Delegate and 1 Alternate for each 10 members or a fraction thereof.

2025-2026 Auxiliary Officers:

Auxiliary President Name: _____

Senior Vice President Name: _____

Junior Vice President Name: _____

List all Officers listed according to Sec. 503 (i.e., Past Department President, Past District Presidents):

Signed _____ Auxiliary President 2025/2026

Email/Home Address: _____ Phone _____

Information for 2026/2027 Officers:

President Name: _____

Senior Vice President Name: _____

Junior Vice President Name: _____

Use additional sheet as necessary.

	Delegate Name	Member #	Alternate Name	Member #
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Department Delegates

(this form is to be sent to secretary@vfwauxca.org AND mailed with your payment to 9136 Elk Grove Blvd, Ste 101, Elk Grove CA 95624)

Auxiliary Name _____ Auxiliary # _____ District # _____

Date of Election _____ Total Members on March 31 _____ Number of Delegates _____

Note: A fee of \$7.00 is payable for each delegate. Refer to Sec. 308 regarding arrearages. The Department Treasurer will be emailing an invoice to calculate Delegate fees and prior arrearages.

To ensure Delegate badges are prepared in advance, please indicate with a check mark those Delegates who will attend the convention.

List in Alphabetical Order: Last Name, First Name

	Delegate Name	Member #	Alternate Name	Member #
1				
2				
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7				
8				
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10				
11				
12				

Note: Elect 1 Delegate and 1 Alternate for each 10 members or a fraction thereof.

2025-2026 Auxiliary Officers:

Auxiliary President Name: _____

Senior Vice President Name: _____

Junior Vice President Name: _____

List all Officers listed according to Sec. 602, 802 & 803 (i.e. Past Department President, Department Officer):

Signed _____ Auxiliary President 2025/2026

Email/Home Address: _____ Phone _____

Information for 2026/2027 Officers:

President Name: _____

Senior Vice President Name: _____

Junior Vice President Name: _____

Use additional sheet as necessary.

	Delegate Name	Member #	Alternate Name	Member #
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**National Delegates cannot be entered in MALTA before April 1, 2026,
or after May 31, 2026**

Auxiliary Name _____ Auxiliary # _____ District # _____

Date of Election _____ Total Members on March 31 _____ Number of Delegates _____

One (1) Delegate and one (1) Alternate for each thirty five (35) members or fraction thereof in good standing in the Auxiliary on March 31.

List in Alphabetical Order: Last Name, First Name

	Delegate Name	Member #	Alternate Name	Member #
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12				

Auxiliary Secretary

Phone Number with Area Code

Street Address

Email Address

City, State, and Zip Code

Note: This form does not need to be sent if Delegates have been entered in MALTA. National does not have delegate fees; however, there will be a registration fee for members who attend the convention. Details to follow from National Headquarters.