

REQUEST FOR DEPARTMENT REPRESENTATIVE

Type of Event: _____

Date and Time: _____

Location: _____

Attire: _____

Requestors Name: _____

Auxiliary and District No.: _____

Contact Person (if not requestor) _____

Address: _____

Telephone Number: _____

Representative Requested:

First Choice _____

Second Choice _____

Third Choice _____

All requests for a Department Representative are to be forwarded to the Department President by USPS mail or email.

Mail to: Cindy Watters, President Dept of
Illinois VFW Auxiliary
7251 E. Mount Pleasant Lane
Claremont, IL 62421
vfwauxilpresident@gmail.com