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United States Power Squadrons®
SQUADRON AUXILIARY ANNUAL REPORT

Please submit information below for incoming officers immediately following auxiliary annual meeting.
Complete and forward **two (2) copies** of this report to: Chairman, Auxiliary Advisory Committee.
Name and address of Chairman may be found on the inside back cover of your current THE ENSIGN.

Date submitted: _____

Squadron name: _____ District: _____

Auxiliary Name: _____

Number of current members: _____ Number last report: _____

Date Bylaws approved: _____ Date of charter: _____

President: _____ **V. President:** _____

Certificate # (if member): _____ Certificate # (if member): _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Area Code: _____ Telephone: _____ Area Code:_____ Telephone: _____

E-mail address:_____ E-mail address: _____

Secretary: _____ **Treasurer**: _____

Certificate # (if member): _____ Certificate # (if member): _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Area Code: _____ Telephone: _____ Area Code:_____ Telephone: _____

E-mail address:_____ E-mail address: _____

ON BACK OF PAGE, PLEASE LIST ACTIVITIES AUXILIARY HAS BEEN ENGAGED IN. THANK YOU.

Squadron Commander: _____

Address: _____

City & State: _____ Zip: _____

Area Code: _____ Telephone: _____

Signature: _____ Date: _____

AUXILIARY ACTIVITIES