

Veterans of Foreign Wars Auxiliary
Department of New Mexico

Due to Department Treasurer by November 15, 2023 to continue to be part of the Department Group Exemption!!!!

Auxiliary Official Number and Name As Printed on Auxiliary Charter

Auxiliary Physical Location _____
Address

City, State, Zip Code

Auxiliary Mailing Address _____
Address

City, State, Zip Code

Auxiliary Federal Employee Identification Number (EIN) _____

Is your auxiliary Incorporated? Yes _____ NO _____

If incorporated—NMSPRC Certificate of Incorporation/Authority Number _____
Attach copy of Nonprofit Corporate Report

Auxiliary Group Exemption Number (GEN) **5365**

Which form did your Auxiliary File: Federal Form 990 Return of Organization Exempt?
Form Income Tax? _____ **Attach Copy** E-Postcard _____ **Attach Copy**

What is your state taxpayer identification number? _____

Is your Auxiliary exempt from state sales tax? Yes _____ No _____

Auxiliary President Printed Name

Signature Auxiliary President

Auxiliary Treasurer Printed Name

Signature Auxiliary Treasurer

Auxiliary Secretary Printed Name

Signature Auxiliary Secretary

Date

Auxiliary's Official Seal

GROUP EXEMPTION CONTINUED

VFWA _____

President: _____ Phone #: _____

Mailing Address (City, State, Zip)

Sr. Vice Pres: _____ Phone #: _____

Mailing Address (City, State, Zip)

Jr. Vice Pres: _____ Phone #: _____

Mailing Address (City, State, Zip)

Treasurer: _____ Phone #: _____

Mailing Address (City, State, Zip)

Secretary: _____ Phone #: _____

Mailing Address (City, State, Zip)

Chaplain: _____ Phone #: _____

Mailing Address (City, State, Zip)

Conductress: _____ Phone #: _____

Conductor: _____

Mailing Address (City, State, Zip)

Guard: _____ Phone #: _____

Mailing Address (City, State, Zip)

Trustee: _____ Phone #: _____

Mailing Address (City, State, Zip)

Trustee: _____ Phone #: _____

Mailing Address (City, State, Zip)

Trustee: _____ Phone #: _____

Mailing Address (City, State, Zip)