



**NOTICE OF INSTITUTION OF  
NEW AUXILIARY**

DATE: \_\_\_\_\_

I, \_\_\_\_\_, Territorial Deputy/District Deputy, do hereby certify that on this date \_\_\_\_\_ a new Auxiliary was instituted in the State of \_\_\_\_\_.

Name of new Auxiliary: \_\_\_\_\_

Total number of members initiated: \_\_\_\_\_

Name, address and email of Officers:

President: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Vice President: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Secretary: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Financial Secretary: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Treasurer: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Sentinel: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Degrees conferred as follows:

First Degree by Team from: \_\_\_\_\_

Major Degree by Team from: \_\_\_\_\_

Signature: \_\_\_\_\_

Territorial Deputy/District Deputy