



STUDENT VETERANS OUTREACH REPORTING FORM

VFW Liaison Name:	Department:
Member Number:	Post Number:
College or University:	
City, State & Zip:	
Student Veteran POC:	
Date & time of event:	
Please list details to include event type, Post members present, student veterans present, new members recruited and any additional outcomes.	

Please complete this form and email or fax it to your Department Headquarters
and the VFW Membership Department.

Email: membership@vfw.org

Fax: 816-968-2728

Tel: 816-756-3390