

**APPLICATION FOR MEMBERSHIP
AMVETS LADIES AUXILIARY**



Date _____
Auxiliary No. _____ City _____ State _____ Date of Birth _____
Name _____ Email _____
Street Address _____ Phone _____
City _____ State _____ Zip Code _____
Name of AMVET Relative: _____ Post _____
Relationship: Mother Wife Widow Sister Daughter Step-daughter
 Granddaughter Grandmother Female Veteran
Introduced by Auxiliary Member _____

(Verified by AMVETS Membership Chairman) (Signature of Applicant)
Accepted by: _____
(Auxiliary Membership Chairman)

REVIEWED SEPTEMBER 2021

AMVETS Ladies Auxiliary

Auxiliary No. _____ City _____ State _____
Received of _____
Address _____
The Sum of \$ _____ for payment of Annual Dues
for year _____
Signed by _____

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