

# AMVETS NATIONAL LADIES AUXILIARY 2024 NEC REGISTRATION FORM



Return form to:  
**AMVETS National Ladies Auxiliary**  
 4647 Forbes Blvd – Lanham, MD 20706  
 Or by email to [cking@amvets.org](mailto:cking@amvets.org)  
 Deadline – Postmarked by **FEBRUARY 23, 2024**

|   |                              |                              |                                   |  |                                |  |                    |                          |                 |                          |
|---|------------------------------|------------------------------|-----------------------------------|--|--------------------------------|--|--------------------|--------------------------|-----------------|--------------------------|
| <b>Name:</b>  |                              |                              |                                   | <b>Date:</b>                             |                                |  |                    |                          |                 |                          |
| <b>Department:</b>  |                              |                              |                                   | <b>Local Auxiliary #:</b>                |                                |  |                    |                          |                 |                          |
| <b>Phone Number:</b>  |                              |                              |                                   | <b>Email Address:</b>                    |                                |  |                    |                          |                 |                          |
| <b>Registering as:</b>  | <input type="checkbox"/> PNP | <input type="checkbox"/> NEC | <input type="checkbox"/> Alt. NEC | <input type="checkbox"/> Dept. President | <input type="checkbox"/> Guest |  |                    |                          |                 |                          |
| <b>Registration Deadline</b><br>Postmarked by <b>FEBRUARY 23, 2024</b><br>Registration Fee - \$20.00 – no charge to PNP's |                              |                              |                                   |  |                                |  |                    |                          |                 |                          |
| <b>Total Amount Enclosed</b>  |                              |                              |                                   |  |                                |  |                    |                          |                 |                          |
| <b>Payment Method</b><br><small>(Check One)</small>   | <b>Check or Money Order</b>  | <input type="checkbox"/>     | <b>Cash</b>                       | <input type="checkbox"/>                 | <b>Visa</b>                    | <input type="checkbox"/>                 | <b>Master Card</b> | <input type="checkbox"/> | <b>Discover</b> | <input type="checkbox"/> |
| <b>Card Number:</b>   |                              |                              | <b>Expiration Date</b>            | <b>Month</b>                             | <b>Year</b>                    | <b>(3) Digit number on back of card:</b> |                    |                          |                 |                          |
| <b>Name as it appears on Card:</b>  |                              |                              |                                   |  |                                |  |                    |                          |                 |                          |
| <b>Address of Cardholder:</b>   |                              |                              |                                   |  |                                |  |                    |                          |                 |                          |
| <b>City:</b>  |                              |                              |                                   | <b>State:</b>                            |                                |  |                    | <b>Zip Code:</b>         |                 |                          |
| <b>Signature of Card Holder:</b>  |                              |                              |                                   |  |                                |  |                    |                          |                 |                          |
| <b>PNP's PAY NO REGISTRATION FEE. ALL OTHER ATTENDEES MUST PAY REGISTRATION.</b>  |                              |                              |                                   |  |                                |  |                    |                          |                 |                          |