AMVETS LADIES AUXILIARY
P.O. Box 29
Millersville, MD 21108-9998
Phone 301-459-6255
Fax 301-683-3081 or 3083

REPLACEMENT LIFE MEMBER CARD FORM

Date: _____

Department: _____ **Auxiliary:** _____ **Location/City** _____

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Membership ID#: _____

SEND CARD TO:

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

INSTRUCTIONS:

1. Fill out the Replacement Life Member form completely.
2. Include Member's ID#.
3. The cost of the replacement card is **$15.00**. Make check payable to your Department not National (except in non-Department states). Send two (2) copies of this form to the Department Membership Processing individual with a check.
4. If you are individual requesting a replacement card, make check payable to AMVETS National Ladies Auxiliary.

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