

AMVETS LADIES AUXILIARY OHIO DEPARTMENT

APPLICATION FORM FOR DEPARTMENT MEMBERSHIP PINS
(10 MEMBERS - NEW/RENEWAL/COMBINED)

Applicant's Name: _____ Ladies Auxiliary No. _____

Address: _____

- 1. _____ () 6. _____ ()
- 2. _____ () 7. _____ ()
- 3. _____ () 8. _____ ()
- 4. _____ () 9. _____ ()
- 5. _____ () 10. _____ ()

Local President's Signature _____ Address _____

Local 1st Vice President's Signature _____ Address _____

Note: Specify (R) Renewal (N) New

APPLICATION FORM FOR DEPARTMENT MEMBERSHIP PINS
(11 OR MORE MEMBERS - NEW/RENEWAL/COMBINED)

Applicant's Name: _____ Ladies Auxiliary No. _____

Address: _____

- 1. _____ () 9. _____ ()
- 2. _____ () 10. _____ ()
- 3. _____ () 11. _____ ()
- 4. _____ () 12. _____ ()
- 5. _____ () 13. _____ ()
- 6. _____ () 14. _____ ()
- 7. _____ () 15. _____ ()
- 8. _____ () 16. _____ ()

Local President's Signature _____ Address _____

Local 1st Vice President's Signature _____ Address _____

Note: Specify (R) Renewal (N) New

SUBMIT TO THE CURRENT DEPARTMENT FIRST VICE PRESIDENT BY MAY 1.