



**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)

AMVETS Ladies Auxiliary

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

REVIEWED SEPTEMBER 2021



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