



AMVETS NATIONAL LADIES AUXILIARY
4647 Forbes Boulevard
Lanham, Maryland 20706-4380
(301) 459-6255
(301) 459-5403 FAX

CERTIFICATE OF TRANSFER FORM

Date _____ Member ID# _____

Department _____ Auxiliary _____

Name _____ Address _____

City _____ State _____ Zip _____

FROM:

Department _____ Auxiliary _____ Location _____

TO:

Department _____ Auxiliary _____ Location _____

Membership Type (check one):

Life (Life Date) _____

Annual (Dues paid for _____ year)

Signature of 1st Vice President/Secretary (FROM)

Signature of 1st Vice President/Secretary (TO)

Signature of Member Transferring

INSTRUCTIONS:

1. Fill Transfer Form out completely.
2. Include Member ID# if an annual or life; write NEW if a new member.
3. In order to complete transfer, a signed copy **MUST** be sent to the Auxiliary the member is transferring from.
4. Send two (2) signed copies of form to Department Membership Processing individual.



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DECEASED MEMBER NOTIFICATION

Date _____

DEPARTMENT _____ AUXILIARY _____ MEMBER ID# _____

Name of Deceased _____

Address _____

City _____ State _____ Zip _____

Membership Status _____ Life _____ Annual _____ Honorary _____

Date of Death _____

Next of Kin _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Submitted by: _____ Email: _____

DEPARTMENT _____ AUXILIARY _____

Address _____

City _____ State _____ Zip _____

INSTRUCTIONS:

1. Local Chaplain's will make four (4) copies of this form and keep one copy for Local Auxiliary records.
2. Three copies (3) go to the Department Chaplain. The Department Chaplain retains one copy, sends one copy to the National Chaplain, and sends one copy to National Headquarters. Deceased member form can be emailed to the National Chaplain and National Headquarters.
3. The remaining copy goes to the Local Membership Chairman to be processed through membership as is currently done. Additional copies can be made as required by your Local and/or Department Bylaws.

REVISED: JANUARY 2019



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CHANGE OF NAME AND ADDRESS FORM

Date: _____

Department: _____

Auxiliary: _____

Present Information	CHANGE TO:
Member's ID#:	
Name:	
Address:	
City/State/Zip:	

Present Information	CHANGE TO:
Member's ID#:	
Name:	
Address:	
City/State/Zip:	

Present Information	CHANGE TO:
Member's ID#:	
Name:	
Address:	
City/State/Zip:	



**AMVETS LADIES AUXILIARY
DEPARTMENT OF OHIO
DUES REMITTANCE FORM**

AMVETS Auxiliary: _____

Life Members	\$267.60	x _____	= \$ _____
Life Combo Donations	\$ 2.60	x _____	= \$ _____
Life Card Replacement	\$15.00	x _____	= \$ _____
New Members	\$28.60	x _____	= \$ _____
Rejoin (after 12/31)	\$28.60	x _____	= \$ _____
Renewals	\$28.60	x _____	= \$ _____
Honorary Member Card	\$15.00	x _____	= \$ _____

Total: \$ _____

Check Number: _____

Date: _____

Submitted By : _____



AMVETS
 National Ladies
 Auxiliary
 4647 Forbes Blvd
 Lanham, MD
 20706-4380
 PH (301)459-6255
 Fax (301)459-5403

SUBMITTED BY:	
DEPARTMENT	AUXILIARY #
DATE	
NAME:	
STREET:	
CITY, STATE, ZIP:	
PHONE:	

MEMBERSHIP YEAR		RECAP INFORMATION
NEW		NEW HONORARY
RENEW		RENEW HONORARY
REJOIN*		RENEW TO LIFE
*DUES PAID AFTER 12/31		NEW LIFE

DUES REMITTANCE FORM

TYPE	MEMBER'S ID#	LAST NAME, FIRST NAME	MAILING ADDRESS/EMAIL ADDRESS
0 R	1234567	Doe, Jane	A Good Place to Live Anytown, USA 99999-1234
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

*TYPE: N=NEW; R=RENEWAL, RJ=REJOIN (DUES PAID AFTER 12/31), NH=NEW HONORARY; RH=RENEW HONORARY; RL=RENEW TO LIFE, NL=NEW LIFE. NEW HONORARY MEMBER FORM GOES TO THE DEPARTMENT. FORWARD IMMEDIATELY TO DEPARTMENT - FOR NON-DEPARTMENT STATES FORWARD TO NATIONAL HEADQUARTERS.



AMVETS LADIES AUXILIARY
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HONORARY MEMBER CARD FORM

Date _____

Department _____ Auxiliary _____ Member ID# _____

Name _____

Address _____

City _____ State _____ Zip _____

Amount enclosed _____ (\$¹⁵~~10~~.00 to National annually)

Send card to (Local Membership Processing Individual):

Name _____

Address _____

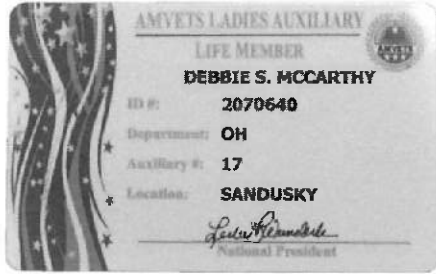
City _____ State _____ Zip _____

INSTRUCTIONS

1. Fill out the Honorary Member form completely.
 2. Make check payable to your Department not National (except in non-Department states). Include Member's ID# if a renewal or write "NEW" if a new member on the D&R form.
 3. Check should include the Department's portion plus \$10.00 for National.
 4. Send two (2) copies of this form to the Department Membership Processing individual with a check. **Departments send one (1) copy to National Headquarters for processing.**
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ALL CHECKS SENT TO NATIONAL MUST BE ACCOMPANIED BY A TRANSMITTAL FORM!

REVISED: MARCH 2019



AMVETS LADIES AUXILIARY
4647 Forbes Blvd
Lanham, Maryland 20706
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LIFE MEMBER CARD FORM

Date: _____

Department: _____ Auxiliary: _____ Location/City: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Membership ID#: _____

Send Card To:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

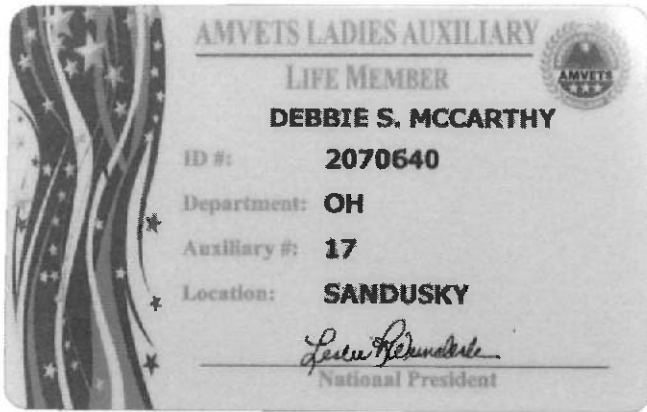
INSTRUCTIONS:

1. Fill out the Life Member form completely.
2. Include Member's ID# if a renewal or write "NEW" if a new member on the D&R form.
3. Make check payable to your Department not National (except in non-Department states).
4. Check should include the Department's portion plus \$225.00 for National.
5. Send three (3) copies of this form to the Department Membership Processing individual with a check.

ALL CHECKS SENT TO NATIONAL HEADQUARTERS MUST HAVE A TRANSMITTAL FORM!

EFFECTIVE JANUARY 1, 2019 - \$225.00 IS REQUIRED FROM DEPARTMENTS FOR LIFE MEMBERSHIP DUES. NEW FORM SHOULD BE USED AS OF JANUARY 1, 2019.

REVISED JANUARY 2019



AMVETS LADIES AUXILIARY
4647 Forbes Boulevard
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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:

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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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