

Year _____

_____ Delegate _____ Dept. Chairperson _____ First Time Attendee
_____ Alternate _____ Dept. Officer
_____ PDP _____ Guest

This certifies that _____

Member # _____ is a member in good standing at
AMVETS Ladies Auxiliary # _____ in _____, Ohio for FALL,

MID-WINTER CONFERENCE, OR DEPARTMENT CONVENTION.

President _____

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