

APPLICATION FOR MEMBERSHIP AMVETS LADIES AUXILIARY

Date		State			for payment of Annual		
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(Verified by AMVETS Membership Chairman) (Signature of Applicant) Accepted by:		Auxiliary No	Received of	8	The Sum of \$		γq
(Auxiliary Membership Chairman)	_	<u>.</u>	è.	res	Sur		eq
REVIEWED SEPTEMBER 2021		Aux	- Rec	Address	The		Signed by
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