



## 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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