



AMVETS Riders Department of Florida

Tom Serianni
6406 Midas Place
North Port, FL 34287

www.floridaamvetsriders.org

DRF FORM INSTRUCTIONS

MAIL FORM AND CHECK TO: **AMVETS Riders Dept. of Florida**

Tom Serianni
6406 Midas Place
North Port, FL 34287
sandylandtoms@verizon.net

941-412-8141

1. Contact Name: Usually the Chapter 1st Vice or whomever is submitting the DRF form.
2. Date: The date you fill out the form.
3. Chapter Number: Your Chapter number.
4. Check Number: The check number for the check you are submitting. Dues checks are to be made payable to “**AMVETS Riders Dept. of Florida**”.
5. Date Chartered: The date your Chapter was chartered. Date can be found on your Chapter Charter hanging at your Post.
6. Total Amount Submitted: \$17.00 x number of members on the Due’s Remittance form you are submitting.
7. Member Name: The name of the members you are submitting dues for.
8. Rider: If the member is a Rider, put an X in this block.
9. Supporter: If the member is a Supporter, put an X in this block.
10. **11. & 12.** Put an X in the block for the member’s parent organization. **Veteran, Sons of AMVETS or Ladies Auxiliary.**
13. Phone Number: The member’s phone number. It can be either home or cell.
14. Email: Put the member’s current email address. This is very important, especially the Chapter Officers because this is how we communicate with our members.
15. Member’s Address: The member’s current mailing address.
16. Membership ID #: The membership ID numbers are the AMVETS, Sons of AMVETS or Ladies Auxiliary numbers located on the membership card. The AMVETS want this information for their databases so they know who is a current Rider.