

Department of Florida AMVETS Riders DRF Date _____ Check # _____ Please Remit \$17.00 per Member

Total Members # _____ Total \$ _____ .00 Contact Name: _____ Chapter # _____ Date Chartered _____

Member Name	RIDE	SUP	VET	SON	AUX	Phone Numbers	EMAIL
Member Address						Membership ID #	
Member Name						Phone Numbers	
Member Address						Membership ID #	
Member Name						Phone Numbers	
Member Address						Membership ID #	
Member Name						Phone Numbers	
Member Address						Membership ID #	
Member Name						Phone Numbers	
Member Address						Membership ID #	
Member Name						Phone Numbers	
Member Address						Membership ID #	