



Dues Remittance Form

MAIL TWO (2) COPIES TO:

AMVETS LADIES AUXILIARY DEPT OF FL
 Jerri Devoll, Executive Secretary
 217 Ladue Ave
 Crestview, FL 32539-7342

Phone: 850-306-3258
execsecyfla@yahoo.com

Submitted By		
Department Florida	Auxiliary #	Date
Name:		
Mailing Address:		
City, State, Zip:		
Daytime phone:		

Recap Information	
Membership Year	
New	New Honorary
Renew	Renew Honorary
Rejoin*	Renew to Life
*Rejoin after 12/31	New Life
TOTAL	

	Type	Membership ID#	Last Name, First Name MI	Date of Birth	Telephone Number w/area code	Mailing Address -			
						Street address	City	State	Zip Code
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

Type: N=New; R=Renewal; RJ=Rejoin (dues paid after 12/31); NH= New Honorary; RH= Renew Honorary; RL=Renew to Life; NL=New Life
 New Honorary form goes to Department.