

**MAIL two (2) copies to:**

**AMVETS LADIES AUXILIARY**  
**Department of FL**  
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Bronson, FL 32621  
Phone: 352-306-0030  
[Execsecyfl@gmail.com](mailto:Execsecyfl@gmail.com)



## **CHANGE OF NAME AND ADDRESS FORM**

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**Date:** \_\_\_\_\_

**Department:** Florida                      **Auxiliary #:** \_\_\_\_\_

<b>Present Information</b>	<b>CHANGE TO:</b>
Member's ID#:	
Name:	
Address:	
City/State/Zip:	
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