



**AMVETS LADIES AUXILIARY
Department of Florida**

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

LIFE MEMBER CARD FORM

Date: _____

Department: _____ **Auxiliary:** _____ **Location/City** _____

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Membership ID#: _____

Send Card To:

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

INSTRUCTIONS:

1. Fill out the Life Member form completely.
2. Include Member's ID# if a renewal or write "NEW" if a new member.
3. Make check payable to your Department not National
4. Check should include the Department's portion \$150.00 plus \$200.00 for National for a total of **\$350.00**.
5. Send two (2) copies of this form to the Department Executive Secretary with a with a check

**ALL CHECKS SENT TO DEPARTMENT HEADQUARTERS MUST BE ACCOMPANIED WITH
A DUES & REMITTANCE FORM**