



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
execsecyfl@gmail.com

**TYPE OR PRINT, USE BLACK OR BLUE INK
 MUST BE LEGIBLE**

Submitted by		
DEPARTMENT	AUXILIARY #	DATE
FLORIDA		
NAME:		
MAILING ADDRESS:		
CITY, STATE, ZIP:		
DAYTIME PHONE:		

Recap Information	
MEMBERSHIP YEAR	MAIL TWO (2) COPIES TO DEPARTMENT
NEW	NEW LIFE
NEW HONORARY	HONORARY
RENEWAL	REJOIN
RENEW TO LIFE	AFTER 12/31 AND BEFORE 5/23
TOTAL	NUMBER OF MEMBERS LISTED ON THIS DUES FORM (NOT A RUNNING TOTAL OF YOUR MEMBERSHIP OR THE TOTAL OF YOUR CHECK)

	Type	Membership ID#	Last Name, First Name, MI	Date of Birth	Phone 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									
15									

Type: N=New; R=Renewal; RJ= Rejoin (dues paid after 12/31; NL=New Life; RL=Renew to Life; NH= New Honorary; RH=Renew Honorary - **Honorary Form submitted with both NH and RH.**

Revised 1/2020