



**Application for Membership
AMVETS LADIES AUXILIARY
Department of Florida
10471 N.E. 75th Street, Bronson, FL 32621**

Auxiliary No. _____ City _____ State _____ Date of Birth _____
 Name _____ Date _____
 Street Address _____ Phone _____
 City _____ State _____ Zip Code _____
 Name of AMVET Relative: _____ Post _____
 Relationship: Mother Wife Widow Sister Daughter Step-daughter
 Granddaughter Grandmother Female Veteran
 Introduced by Auxiliary Member _____

 (Verified by AMVETS Membership Chairman)

 (Signature of Applicant)

Accepted: _____
 (Auxiliary Secretary)

AMVETS Ladies Auxiliary

Auxiliary No. _____ City _____ State _____

Received of _____

Address _____

The Sum of \$ _____ for payment of Annual Dues
 for year _____

Signed by _____



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