ANNUAL MEMBER REPLACEMENT CARD FORM

SEND 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

AUX: _____ DATE: _____

MEMBER NO: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MEMBER NO: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MEMBER NO: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SUBMITTED BY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

ENCLOSE $10.00 FOR EACH REPLACEMENT CARD REQUESTED

DO NOT LIST ON YOUR D & R FORM, SEND ONLY ONE COPY OF THIS FORM

Revised July / 2018