



## 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](mailto: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: \_\_\_\_\_

**PLEASE ENCLOSE \$10.00 FOR EACH REPLACEMENT CARD REQUESTED.**  
**DO NOT LIST ON YOUR D & R FORM, SEND ONLY ONE COPY OF THIS FORM**