



## ANNUAL MEMBER / MAL REPLACEMENT CARD FORM

**SEND TO:** AMVETS LADIES AUXILIARY DEPT OF FL  
Donnajeanne Merritt, Executive Secretary  
7520 NE 105<sup>th</sup> Avenue  
Bronson, FL 32621  
Phone 352-306-0030  
[execsecyfl@gmail.com](mailto:execsecyfl@gmail.com)

AUX: \_\_\_\_\_

DATE: \_\_\_\_\_

MEMBER NO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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MEMBER NO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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MEMBER NO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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SUBMITTED BY: \_\_\_\_\_

Phone#: \_\_\_\_\_

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 June/2022