



ANNUAL MEMBER / MAL REPLACEMENT CARD FORM

SEND TO: AMVETS LADIES AUXILIARY DEPT OF FL
Donnajeanne Hakler-Merritt, Executive Secretary
7520 NE 105th Avenue
Bronson, FL 32621
Phone 352-306-0030
execsecyfl@gmail.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: _____

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 August/2021