



**AMVETS LADIES AUXILIARY**  
**Department of Florida**

**CHANGE OF NAME/ADDRESS FORM**

**MAIL TWO (2) COPIES TO:**  
AMVETS LADIES AUX. DEPT. OF FL  
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**Date:** \_\_\_\_\_  
(Today's Date)

**Department:** \_\_\_\_\_

**Auxiliary #:** \_\_\_\_\_

Present Information	CHANGE TO:
Member's ID#:	
Name:	
Address:	
City/State/Zip:	
Phone Number:	

Present Information	CHANGE TO:
Member's ID#:	
Name:	
Address:	
City/State/Zip:	
Phone Number:	

Present Information	CHANGE TO:
Member's ID#:	
Name:	
Address:	
City/State/Zip:	
Phone Number:	