VFW Auxiliary

REPORT NUMBER

20 MEMBERSHIP SUMMARY

DEPARTMENT COPY

STATE DISTRICT LOCATION AUX. NO. DATE

ANNUAL MEMBERS

NEW.....

REINSTATED.....

CONTINUOUS.....

TOTAL ANNUAL MEMBERS
(This Report)

PREVIOUS BALANCE.....

TOTAL ANNUAL MEMBERS TO DATE
TO 'PREVIOUS BALANCE' SECTION
OF NEXT TRANSMITTAL

CAUTION: DO NOT USE THIS FORM TO REPORT LIFE MEMBERS!!!
TOTALS DO NOT INCLUDE LIFE MEMBERS

DUES THIS REPORT

NATIONAL .....$

DEPARTMENT ....$

TOTAL .....$

I CERTIFY THAT THE ANNUAL MEMBERS IN THIS REPORT HAVE PAID DUES TO 12/31 OF THE MEMBERSHIP YEAR LISTED ABOVE

AUXILIARY TREASURER

ADDRESS

CITY, STATE, ZIP

	NAME	MEMBER NO.	NEW	REIN	CONT	LIFE	CK #	CK AMT
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