

MAIL TO:

AMVETS LADIES AUX DEPT OF FL  
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**AMVETS LADIES AUXILIARY**

**REPLACEMENT LIFE MEMBER CARD FORM**

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Date: \_\_\_\_\_

Department: \_\_\_\_\_ Auxiliary: \_\_\_\_\_ Location/City: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Membership ID#: \_\_\_\_\_

**SEND CARD TO:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**INSTRUCTIONS:**

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1. Fill out the Replacement Life Member form completely.
  2. Include Member's ID#.
  3. The cost of the replacement card is **\$20.00**. Make check payable to your Department not National (except in non-Department states).
  4. Send two (2) copies of this form to the Department Membership Processing individual with a check.
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**ALL CHECKS SENT TO NATIONAL HEADQUARTERS MUST HAVE A TRANSMITTAL FORM!**

**REVISED 04/2016**