



Dues Remittance Form

MAIL TWO (2) COPIES TO:

AMVETS LADIES AUXILIARY DEPT OF FL

Jerri Devoll, Executive Secretary

217 Ladue Ave

Crestview, FL 32539 -7342

Phone: 850-306-3258

Execsecyfla@yahoo.com

Submitted By		
Department	Auxiliary #	Date
Florida		
Name		
Mailing Address		
City, State,		
Daytime phone		

Recap Information
Membership Year
New
Renew
Existing Life
Total

National Use	
Initials	Date
D & R Number	
Amount Received	
Amount Due	
+/-	

	Type	Membership ID#	Last Name, First Name MI	Date of Birth	Telephone Number w/area code	Mailing Address – Street address City State Zip Code
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Type: N=New; NH= New Honorary; R=Renewal; NL=New Life; RL=Renew to Life; EL=Existing Life; EH=Existing Honorary

PLEASE FORWARD TWO (2) COPIES TO DEPARTMENT

Revised 7/1/17