Application for Membership
AMVETS LADIES AUXILIARY
National Headquarters
4647 Forbes Boulevard, Lanham, MD 20706

Auxiliary No._____ City_____ State_____ Date of Birth_____
Name_____ Date_____
Street Address_____Phone_____
City_____State_____Zip Code_____
Name of AMVET Relative:_____Post_____
Relationship: o Mother o Wife o Widow   o Sister   o Daughter   o Step-daughter
                        o Granddaughter   o Grandmother   o Female Veteran
Introduced by Auxiliary Member_____

_____   _____
(Verified by AMVETS Membership Chairman)   (Signature of Applicant)
                    Accepted:_____
                                    (Auxiliary Secretary)

AMVETS Ladies Auxiliary

Auxiliary No._____ State_____ City_____

Received of_____

Address_____

The Sum of $_____ for payment of Annual Dues

for year_____

Signed by_____

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