



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, Zip:		
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	Street address	Mailing 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; RJ=Rejoining

FORWARD TWO (2) COPIES TO DEPARTMENT Revised August 2018