

AMVETS LADIES AUXILIARY
Department of Florida

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

REPLACEMENT LIFE MEMBER CARD FORM

Date: _____

Department: _____ **Auxiliary #:** _____ **Location/City** _____

Name: _____

Address: _____

City: _____ **State:** _____

Membership ID#: _____

SEND CARD TO:

Name: _____

Address: _____

City: _____ **State** _____ **Zip:** _____

INSTRUCTIONS:

1. Fill out the Replacement Life Member form completely.
2. Include Member's ID#.
3. The cost of the replacement card is $15.00 plus the Department's fee of $5.00. Make check in the amount of **$20.00** payable to your Department not National
4. Send two (2) copies of this form to Department Membership Processing with a check.

Revised 7/1/17