



Dues Remittance Form

MAIL TWO (2) COPIES TO:

AMVETS LADIES AUXILIARY DEPT OF FL
 Donnajeanne Hakler-Merritt
 Executive Secretary
 7520 NE 105th Avenue
 Bronson, FL 32621
 Phone: 352-306-0030
execsecyfl@gmail.com

**TYPE OR PRINT, USE BLACK OR BLUE INK
 MUST BE LEGIBLE**

Submitted by		
DEPARTMENT FLORIDA	AUXILIARY #	DATE
NAME:		
MAILING ADDRESS:		
CITY, STATE, ZIP:		
DAYTIME PHONE:		

Recap Information	
MEMBERSHIP YEAR	MAIL TWO (2) COPIES TO DEPARTMENT
NEW	NEW LIFE
NEW HONORARY	HONORARY
RENEWAL	REJOIN
RENEW TO LIFE	AFTER 12/31 AND BEFORE 5/23
TOTAL	NUMBER OF MEMBERS LISTED ON THIS DUES FORM (NOT A RUNNING TOTAL OF YOUR MEMBERSHIP OR THE TOTAL OF YOUR CHECK)

	Type	Membership ID#	Last Name, First Name, MI	Date of Birth	Phone 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								