



Dues Remittance Form

MAIL TWO (2) COPIES TO:

AMVETS LADIES AUXILIARY DEPT OF FL
 Donnajeanne 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 | | | | | | | | |