



APPLICATION FOR MEMBERSHIP
AMVETS LADIES AUXILIARY

Date _____
Auxiliary No. _____ City _____ State _____ Date of Birth _____
Name _____ Email _____
Street Address _____ Phone _____
City _____ State _____ Zip Code _____
Name of AMVET Relative: _____ Post _____
Relationship: Mother Wife Widow Sister Daughter Step-daughter
 Granddaughter Grandmother Female Veteran
Introduced by Auxiliary Member _____

(Verified by AMVETS Membership Chairman)

(Signature of Applicant)

Accepted by: _____
(Auxiliary Membership Chairman)

AMVETS Ladies Auxiliary

Auxiliary No. _____ City _____ State _____

Received of _____

Address _____

The Sum of \$ _____ for payment of Annual Dues
for year _____

Signed by _____