## 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: o Mother o Wife o Widow o Sister o Daughter o Step-daughter
o Granddaughter o Grandmother o Female Veteran

Introduced by Auxiliary Member_____

_____ _____

(Verified by AMVETS Membership Chairman) (Signature of Applicant)

Accepted by:_____

(Auxiliary Membership Chairman)

REVIEWED SEPTEMBER 2021

**AMVETS Ladies Auxiliary**

Auxiliary No._____ City_____ State_____

Received of_____

Address_____

The Sum of $_____for payment of Annual Dues

for year_____

Signed by_____


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