# 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 AFTER 12/31 AND BEFORE 5/23 |
| RENEW TO LIFE | | |
| **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 |
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| 15 | | | | | | |

**Type: N=New; R=Renewal; RJ= Rejoin (dues paid after 12/31; NL=New Life; RL=Renew to Life; NH= New Honorary; RH=Renew Honorary - Honorary Form must be submitted with NH** Revised 6/2022