Application for Membership
AMVETS LADIES AUXILIARY
Department of Florida
7520 NE 105th Avenue, Bronson, FL 32621

Auxiliary No._____ City_____ State_____ Date of Birth_____
Name_____ Date_____
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_____
Email address: _____

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

Accepted:_____
(Auxiliary Membership Chair)

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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