



**Application for Membership  
AMVETS LADIES AUXILIARY**

Auxiliary No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

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: \_\_\_\_\_  
(Auxiliary Secretary)

**AMVETS Ladies Auxiliary**

Auxiliary No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Received of \_\_\_\_\_

Address \_\_\_\_\_

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

Signed by \_\_\_\_\_