



Application for Membership
AMVETS LADIES AUXILIARY
National Headquarters

4647 Forbes Boulevard, Lanham, MD 20706

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)