



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)