AMVETS Ladies Auxiliary
Transmittal Summary

Date: _____ Page _____ of _____

Department: _____

Submitted by: _____
(Name)

_____
(Address)

_____
(Phone number)

Auxiliary #	New	Renew Previous Membership Year	Renew Present Membership Year	Renew to Life	New Life	Honorary Card	Replacement Life Card	Mal
Total Count								
	$10.00 each (Department) *$11.00 each (Non-chartered Department)*			*$125 each*		*$1.50 each*	*$3.00 each*	*$20.00 each*
Total Money								

Total Amount of Check: $_____

Check #_____

NATIONAL USE ONLY

Total: $ _____

Check Verified by: _____ Date: _____

(2001E)