



## AMVETS Ladies Auxiliary Replacement Life Member Card Form

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Date: \_\_\_\_\_

Department: \_\_\_\_\_

Auxiliary # \_\_\_\_\_

City: \_\_\_\_\_

ID # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Amount Included \$ \_\_\_\_\_  
(\$3.00)

Send Card To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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### INSTRUCTIONS:

- 1) Fill out Replacement Life Member Card Form completely.
- 2) Include Member's **ID#**.
- 3) Make check in the amount of **\$3.00** payable to the Department not National Headquarters. (Except non-chartered departments.)
- 4) Send two (2) copies of the form to the department secretary with the check.

All checks sent to Headquarters must be accompanied by a Transmittal Form.