



AMVETS Ladies Auxiliary Life Member Card Form

Date: _____

Department: _____

Auxiliary # _____

City: _____

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

ID # _____

Amount Included \$ _____

Send Card To: _____

Address: _____

City: _____

State: _____

Zip: _____

INSTRUCTIONS:

- 1) Fill out Life Membership Card Form completely.
- 2) Include Member's **ID#** if a renewal or write **NEW** if a new member.
- 3) Make check payable to the Department not National Headquarters. (Except non-chartered departments.)
- 4) Check should include department's portion plus \$125.00 for National.
- 5) Send three (3) copies of the form to the department secretary with the check.

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