



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								
	<i>\$10.00 each (Department)</i>			<i>\$125 each</i>		<i>\$1.50 each</i>	<i>\$3.00 each</i>	<i>\$20.00 each</i>
	<i>\$11.00 each (Non-chartered Department)</i>							
Total Money								

Total Amount of Check: \$ _____

Check # _____

NATIONAL USE ONLY

Total: \$ _____

Check Verified by: _____
(2001E)

Date: _____