

## Instructions for completing AMVETS Auxiliary application for membership

Fill out the form completely and legibly

APPLICATION FEE MUST BE TURNED IN WITH THIS FORM

IF PAYING YOUR \$35.00 IN CASH, BE SURE TO GET A RECEIPT

PLEASE MAKE CHECKS PAYABLE TO AMVETS LADIES AUXILIARY 2 IN THE AMOUNT OF \$35.00

*In an effort to reduce Auxiliary expenses, once approved, your membership card can be picked up at the Post clubroom from the bartender. If you need your card mailed, please indicate here \_\_\_\_\_.*

Auxiliary No: 2

City: Yarmouth

State: Maine

Date of Birth: Applicants date of birth

Name: Applicants name

Email: Applicants email address

Street Address, City, State, Zip: of applicant

Phone: Applicants phone number

Name of AMVET (Veteran) Relative: If Veteran relative is deceased you will need their DD214- If living, they must be a member of AMVETS first for you to join.

Post: AMVET Post the Veteran relative is a member of- Not applicable if they are deceased.

Relationship: How are you related to the AMVET (Veteran) listed above- Note: great granddaughters are also eligible. The only step relationship eligible is a stepdaughter, not step granddaughters.

Introduced by Auxiliary Member: Auxiliary member that is introducing applicant.

Verified by AMVETS Membership Chairman: Leave blank

Signature of Applicant: Applicant must sign

Accepted by: Leave blank



### APPLICATION FOR MEMBERSHIP AMVETS LADIES AUXILIARY

Date \_\_\_\_\_  
Auxiliary No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_ Email \_\_\_\_\_  
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 by: \_\_\_\_\_  
(Auxiliary Membership Chairman)

AMVETS Ladies Auxiliary

Auxiliary No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Received of \_\_\_\_\_  
Address \_\_\_\_\_  
The Sum of \$ \_\_\_\_\_ for payment of Annual Dues  
for year \_\_\_\_\_  
Signed by \_\_\_\_\_