



DEPARTMENT
APPLICATION FORM FOR MEMBERSHIP AWARDS - LOCAL MEMBERS
ENTRIES MUST BE SENT TO THE DEPT. HEADQUARTERS BY MAY 1ST.

Member Name: _____

Ladies Auxiliary Number: _____ City & State: _____

Names of New Members (List additional names of reverse side of form)

- | | |
|-----------|-----------|
| 1. _____ | 18. _____ |
| 2. _____ | 19. _____ |
| 3. _____ | 20. _____ |
| 4. _____ | 21. _____ |
| 5. _____ | 22. _____ |
| 6. _____ | 23. _____ |
| 7. _____ | 24. _____ |
| 8. _____ | 25. _____ |
| 9. _____ | 26. _____ |
| 10. _____ | 27. _____ |
| 11. _____ | 28. _____ |
| 12. _____ | 29. _____ |
| 13. _____ | 30. _____ |
| 14. _____ | 31. _____ |
| 15. _____ | 32. _____ |
| 16. _____ | 33. _____ |
| 17. _____ | 34. _____ |

Local Ladies Auxiliary President's Signature

Address

Local Ladies Auxiliary Secretary's Signature

Address

AMVETS LADIES AUXILIARY OHIO DEPARTMENT

**APPLICATION FORM - MEMBERSHIP
(10 MEMBERS - NEW/RENEW/COMBINED)**

APPLICANTS NAME: _____ **Ladies AUX. #** _____

ADDRESS: _____

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

Local Presidents Signature _____

Local First Vice President's Signature _____

Note: Specify. (R) renew (N) new

**APPLICATION FORM – MEMBERSHIP
(11 MEMBERS - NEW/RENEW/COMBINED)**

APPLICANTS NAME: _____ **Ladies AUX. #** _____

ADDRESS: _____

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

11. _____ 12. _____

Note: Specify - (R) renew (N) new

Local President's Signature: _____

Local First Vice President's Signature: _____

NOTE: APPLICATIONS MUST BE SENT TO DEPARTMENT HEADQUARTERS BY MAY 1st.
A MEMBER CANNOT RECEIVE BOTH PINS!