

AMVETS Ladies Auxiliary, Department of Ohio, Conference/Convention Registration Form

Year _____

_____ Delegate _____ Department Chairwomen

_____ Alternate _____ Department Officer

_____ PDP _____ Guest

This certifies that _____ member # _____

is a member in good standing of AMVETS Ladies Auxiliary # _____ in _____,

Ohio for Fall and Mid-Winter Conference or State Convention.

(indicate one)

President's Signature

Year _____

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(indicate one)

President's Signature

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(indicate one)

President's Signature

Note: This form cannot be filed online. It must be mailed with your payment to the Auxiliary Department Headquarters or processed at the registration desk at the Department Conference/Convention it is intended.