VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY

MEMBERSHIP SUMMARY FORM



VFW AUX NO.:		DEPARTMENT OF:			LOCATION:			
MEMBERSHIP YEAR:		DATE:			REPORT NO:			
For New	v and Rejoining Members	(Annual and Life) includ	le a copy of	their me	mbership d	pplicatio	<u>on.</u>	
	NAME	MEMBER NO.	CONT	NEW	REJOIN	LIFE	CK#	AMOUNT
1								
3								
4								
5								
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7								
8								
9								
10								
11 12								
13								
14								
15								
16								
17								
18								
19								
20	TOTAL							
	TOTAL)						
	AMOUNT SENT				Auxiliary Treasurer Name			
	E MEMBERSHIP PARTMENT (ANNUAL)		-					
NATIONAL (ANNUAL)			_		E-mail Address			
	TOTAL		_					
	Make checks payable t	o vour Department	7		Telephon	e No		