

Application for Membership
AMVETS LADIES AUXILIARY
POST 79, WAVERLY, IA.

Mail to:
AMVETS Post 79
Auxiliary membership
PO Box 93
Waverly, IA 50677

Auxiliary No. _____ City _____ State _____ Date _____

Name _____ Date of Birth _____

Street Address _____ Phone _____

E Mail _____

City _____ State _____ Zip Code _____

Name of Spouse (if not AMVET relative) _____

Name of AMVET Relative: _____ Living: yes no

Relationship: Mother Wife Widow Sister Daughter Step-daughter
 Granddaughter Grandmother Female Veteran

Introduced by Auxiliary Member _____
(Verified by AMVETS Ladies Membership Chairman)

Please enclose a check for **\$20.00** payable to AMVETS Ladies Auxiliary, Post 79

Applicant _____ Date _____
(Signature of Applicant)

Accepted: _____ Date _____
(Auxiliary Secretary or other authorized officer)

AMVETS LADIES AUXILIARY TEMPORARY CARD
POST 79, WAVERLY, IA.

_____ is hereby considered a member in good

standing for the membership year of _____ .

Auxiliary Membership 1st Vice _____

Auxiliary President _____

Date _____