

DEPARTMENT OF FLORIDA VFW AUXILIARY MEMBERSHIP SUMMARY FORM



VFW AUX NO.: _____

LOCATION: _____

MEMBERSHIP YEAR: _____

DATE: _____

REPORT NO: _____

ATTACH A COPY OF ALL APPLICATIONS

	NAME	MEMBER NO.	TRANS- FER	NEW	REJOIN	ANNUAL	LIFE	FORM OF PAYMENT (CK OR CC)	AMOUNT
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Make checks payable to DEPT OF FL VFWA.

	AMOUNT SENT
LIFE MEMBERSHIP	
DEPARTMENT (ANNUAL)	
NATIONAL (ANNUAL)	
TOTAL	

Auxiliary Treasurer Name

E-mail Address

Telephone No.

By submission of this form, I hereby certify that all Bylaws have been followed and the members reported on this form have paid the dues listed.