

VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY
DEPARTMENT OF FLORIDA



MEMBERSHIP SUMMARY FORM

VFW AUX NO: _____ AUXILIARY LOCATION: _____ DATE: _____

MEMBERSHIP YEAR: _____ REPORT: _____

Attach a copy of membership applications for New, Rejoining and Transferring Members (Annual and Life).

CHECK PAYMENTS ONLY

| | NAME | MEMBER NO | TRANSFER | NEW | REJOIN | LIFE | ANNUAL | DUES AMOUNT |
|----|------|-----------|----------|-----|--------|------|--------|----------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
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| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |

AMOUNT OF DUES SENT

| | |
|-------------------------|--|
| LIFE MEMBERSHIP | |
| NATIONAL (\$10 Annual) | |
| DEPARTMENT (\$7 Annual) | |
| TOTAL CHECK AMOUNT | |

Auxiliary Treasurer Name

Email Address

MAKE CHECKS PAYABLE TO: **VFW AUXILIARY**

Telephone Number

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