

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								
6								
7								
8								
9								
10								
11								
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.