



MEMBERSHIP SUMMARY FORM

VFW AUX NO.: _____ DEPARTMENT OF: _____ LOCATION: _____

MEMBERSHIP YEAR: _____ DATE: _____ REPORT NO: _____

For New and Rejoining Members (Annual and Life) include a copy of their membership application.

	NAME	MEMBER NO.	CONT	NEW	REJOIN	LIFE	CK #	AMOUNT
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
TOTALS								

AMOUNT SENT	
LIFE MEMBERSHIP	
NATIONAL (\$10 Per Annual)	
DEPARTMENT (\$7 Per Annual)	
TOTAL	

Make checks payable to Dept of FL VFWA.

Auxiliary Treasurer Name

E-mail Address

Telephone No.