VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY

MEMBERSHIP SUMMARY FORM



W AUX NO.:		DEPARTMENT OF:			LOCATION:			
EMBERSHIP YEAR:		DATE:			REPORT NO:			
or N	lew and Rejoining Members	(Annual and Life) includ	le a copy of	their me	mbership d	applicatio	<u>on.</u>	
	NAME	MEMBER NO.	CONT	NEW	REJOIN	LIFE	CK #	AMOUNT
1								
2								
4								
5								
6								
7								
8								
9								
.0								
.1								
.2								
.3								
.5								
.6								
7								
.8								
9								
20								
	TOTAL	S						
ſ	AMOUNT SENT				Auxiliary Treasurer Name			
- 1	LIFE MEMBERSHIP							
	DEPARTMENT (ANNUAL) NATIONAL (ANNUAL)		-		E-mail Aa	ldress		
ŀ	TOTAL							