

Men's Auxiliary Member Change Request Form

- Name/Address Change Auxiliary Transfer Report Death
 Replacement Card

(Source of Information)

Member No. _____

Old Auxiliary No. _____
New Auxiliary No. _____
Location _____
(CITY/STATE)

Member Name _____

Old Address _____
(STREET, CITY, STATE, ZIP)

New Address _____
(STREET, CITY, STATE, ZIP)

I certify that information submitted for the named member is correct to the best of my knowledge.

Treasurer (Please Sign) _____ email _____
Phone No. () _____

FOR YOUR CONVENIENCE THERE ARE INSTRUCTIONS ON THE BACK OF THIS FORM

MAUX - MCR (06/08)



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Instructions for use of this form (form MCR)

1. Please print clearly. Use one form per member.
2. Member's old address is required for address changes and transfers.
3. DO NOT SEND CASH WITH THIS FORM.
4. Treasurer must sign this form where indicated. Please include phone number.

Mail completed form to:

**VFW National Headquarters
Data Entry Department
P.O. Box 119031
Kansas City, MO 64171-9031**

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