

TEMPORARY RECEIPT

Date _____


Received from _____ \$ _____

Application for Membership in Auxiliary No. _____

City and State _____

Received by _____

Cash Check



MEN'S AUXILIARY MEMBERSHIP APPLICATION

New Reinstated Transfer Aux. No. _____

I hereby apply for:
Annual membership in Auxiliary No. _____ located in _____ (City) _____ (State)

Name _____ (Last) _____ (First) _____ (Middle) Date of Birth: ____/____/____ (MM/DD / YY)

Address _____ (Number and Street) _____ (City) _____ (State) _____ (Zip) Phone (____) _____

Relationship _____ to _____, member of VFW Post No. _____

Cash Check

I am a current/former member of Auxiliary No. _____ City _____ State _____ Membership No. _____



Applicant's signature _____ Date Signed _____

THIS IS A PERMANENT RECORD - PLEASE PRINT IN INK

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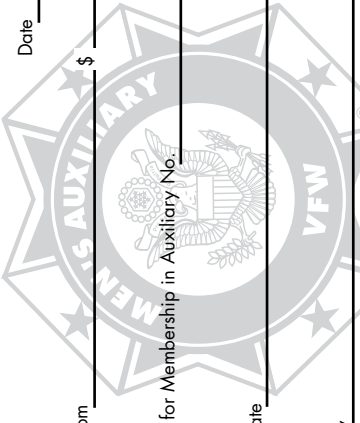
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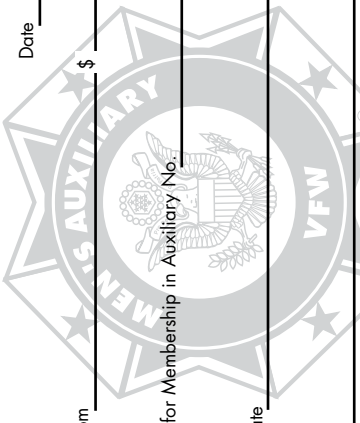
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