

[Handwritten mark]

MEN'S AUXILIARY NO. _____ DATE _____ AMOUNT PAID: _____

MEMBER SS# _____ MEMBER BIRTH DATE _____ MO / DAY / YEAR

NAME _____ LAST FIRST INITIAL

STREET _____

CITY _____ STATE _____ ZIP _____

MEN'S AUXILIARY to the VETERANS of FOREIGN WARS of the US

<input type="checkbox"/> NEW (Has never belonged to the Men's Auxiliary.)	<input type="checkbox"/> CONTINUOUS TRANSFER
<input type="checkbox"/> CONTINUOUS	<input type="checkbox"/> NON PAYING TRANSFER Former member of
<input type="checkbox"/> REINSTATED	MEN'S AUXILIARY NO. _____ DEPT _____

Please furnish all information requested

MAUX P2 - 10

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