

TEMPORARY RECEIPT

Date _____

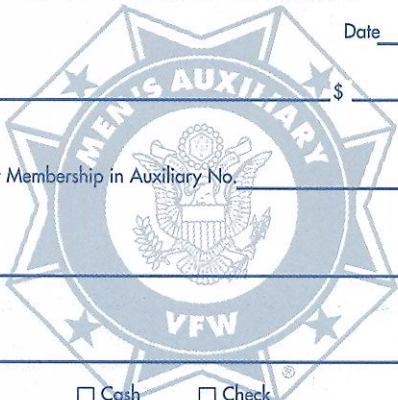
Received from _____ \$ _____

Application for Membership in Auxiliary No. _____

City and State _____

Received by _____

Cash Check



TEMPORARY RECEIPT

Date _____

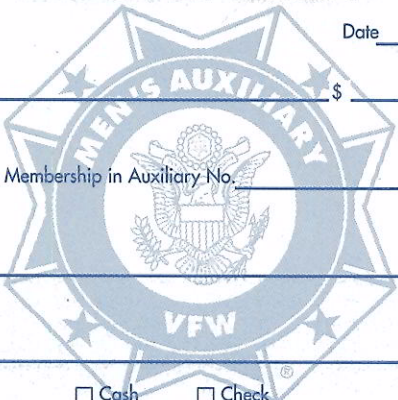
Received from _____ \$ _____

Application for Membership in Auxiliary No. _____

City and State _____

Received by _____

Cash Check



TEMPORARY RECEIPT

Date _____

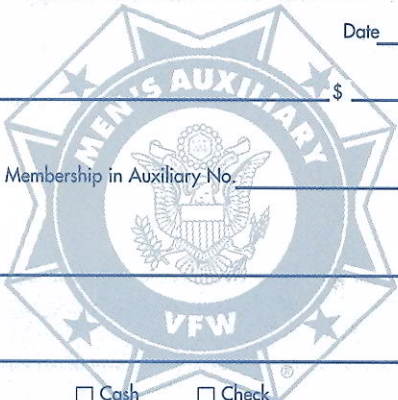
Received from _____ \$ _____

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) _____ (State) _____ (City) _____ (Zip) _____ (Date of Birth: MM/DD / YR)

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

Relationship _____ to _____ member of VFW Post No. _____

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

City _____ State _____



Applicant's signature _____ Date Signed _____

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) _____ (State) _____ (City) _____ (Zip) _____ (Date of Birth: MM/DD / YR)

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

Relationship _____ to _____ member of VFW Post No. _____

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

City _____ State _____



Applicant's signature _____ Date Signed _____

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) _____ (State) _____ (City) _____ (Zip) _____ (Date of Birth: MM/DD / YR)

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

Relationship _____ to _____ member of VFW Post No. _____

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

City _____ State _____



Applicant's signature _____ Date Signed _____