

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 _____

I am a current/former member of Auxiliary No _____

City _____ State _____ Membership No _____



Applicant's signature _____ Date Signed _____

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