

ANNUAL -\$35 /LIFE - \$350

DATE: \_\_\_\_\_

PAID CASH _____
PAID CK# _____



### AUXILIARY # 35- CRESTVIEW, FLORIDA

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(Please Print)

STREET ADDRESS: \_\_\_\_\_ PHONE: (     ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF AMVET RELATIVE: \_\_\_\_\_ POST NO: \_\_\_\_\_  
(If deceased, please write deceased on this line)

RELATIONSHIP: \_\_\_ Mother \_\_\_ Wife \_\_\_ Widow \_\_\_ Sister \_\_\_ Daughter \_\_\_ Step-daughter  
\_\_\_ Grand-daughter \_\_\_ Grandmother \_\_\_ Female Veteran

APPLICATION TAKEN BY: \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

\*If you AMVET relative is not a member of Post 35, we must have verification of his/her membership. If your AMVET relative is deceased, we must have proof of service and proof of death.

**OPTIONAL INFORMATION:**

Will you be available to help with our programs? \_\_\_\_\_ Often \_\_\_\_\_ Occasionally \_\_\_\_\_ Not at this time

Which of our programs would you be most interested in? \_\_\_\_\_ Community Service \_\_\_\_\_ Child Welfare

\_\_\_\_\_ Americanism \_\_\_\_\_ Hospital \_\_\_\_\_ Scholarship \_\_\_\_\_ Fund raising \_\_\_\_\_ Dinners

Will you be willing to serve on a committee occasionally? \_\_\_\_\_

Do you have any special interests or hobbies?  
\_\_\_\_\_

**Internal use only:**

Date Presented for vote: \_\_\_\_\_ Date mailed to Department: \_\_\_\_\_

Date Card mailed: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_