

TEMPORARY RECEIPT

Date _____

\$ _____

Received from _____

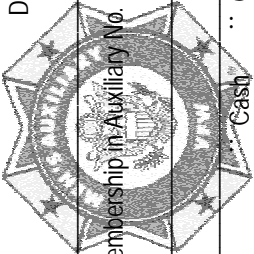
Application for Membership in Auxiliary No. _____

City and State _____

Received by _____

Check _____

Cash _____



MEN'S AUXILIARY MEMBERSHIP APPLICATION

New Reinstated Transfer Aux. No. _____

I hereby apply for:

Annual membership in Auxiliary No. _____ located in _____ (City) _____ (State)

Name _____ Date of Birth: ____/____/____
MM / DD / YY

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

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 _____

THIS IS A PERMANENT RECORD - PLEASE PRINT IN INK