

# TEMPORARY RECEIPT

Date \_\_\_\_\_

Received from \_\_\_\_\_ \$ \_\_\_\_\_

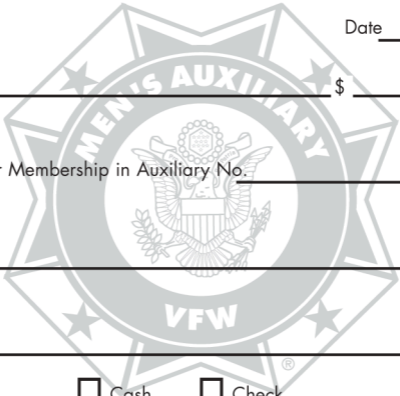
Application for Membership in Auxiliary No. \_\_\_\_\_

City and State \_\_\_\_\_

Received by \_\_\_\_\_

Cash

Check



## MEN'S AUXILIARY MEMBERSHIP APPLICATION

I hereby apply for:

New  Reinstated  Transfer Aux. No. \_\_\_\_\_

Annual membership in Auxiliary No. \_\_\_\_\_ located in \_\_\_\_\_ (City) \_\_\_\_\_ (State)

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (City) \_\_\_\_\_ (State)  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ MM/DD/YY

Address \_\_\_\_\_ (Number and Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_, member of VFW Post No. \_\_\_\_\_

Cash  Check

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