

**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 \_\_\_\_\_

**THIS IS A PERMANENT RECORD - PLEASE PRINT IN INK**