

CARD # _____

AMOUNT \$ _____

FOR OFFICE USE ONLY

SONS OF AMVETS

NATIONAL HEADQUARTERS

1395 E. Dublin Granville Rd. Suite #115 Columbus, OH 43229

LIFE MEMBERSHIP TRANSMITTAL FORM

INSTRUCTIONS

1. You must be a current Sons of AMVETS annual member before you can join as a Life Member.
2. Complete Life Membership Transmittal Form.
3. Submit Life Membership Transmittal Form, a copy of your up to date membership card and a check or money order in the amount of \$300.00 made payable to the "National Sons of AMVETS" to National Headquarters at the address above with a copy to your Squadron Membership Chairman.
4. The Squadron Membership Chairman shall forward a copy of the Life Membership Transmittal Form to your Department (where one exists) for their records.
5. Any questions can be directed to your Department or National 1st Vice Commander, in charge of membership.
6. Life Membership dues are non-refundable.

Post Information

Dept/State _____ Squadron No. _____ Date _____ Post Phone _____

Address _____ City _____ State _____ Zip _____

Membership Information

Card Number _____ Phone No. _____

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Eligibility Verification (only if a copy of your up to date membership card is not available)

Signature of Squadron 1st Vice Commander or Commander verifying eligibility:

Name _____ Phone _____ Dept./Post _____

Address _____ City _____ State _____ Zip _____