



SONS OF AMVETS
DEPT. OF FLORIDA
P.O. BOX 3222
PLACIDA, FL 33946

SONS OF AMVETS

NATIONAL HEADQUARTERS

1395 E. Dublin Granville Rd. Suite #115
(614) 825-4734

Columbus, OH 43229
FAX (614) 825-4735

MEMBERSHIP DUES AND REMITTANCE FORM

DEPARTMENT _____	SQUADRON NO. _____	E.I.N. _____	DATE _____
ADDRESS _____	CITY _____	STATE _____	ZIP _____
MEMBERSHIP CHAIRMAN _____	MEMBERSHIP CONTACT PERSON _____		PHONE _____

ALL INFORMATION MUST BE LEGIBLY PRINTED OR TYPED AND MUST BE FULLY COMPLETED.

SQUADRONS:

Squadrons must complete the top of page 1 with all squadron information. Number 1 up to 15 on page 2 must be filled out with Proper name, Complete address, Phone Number, Date of Birth and New or Renewal. Send 1 copy of completed D & R Form to your Vice-Commander of Membership, to address DESIGNATED by your State Department. With the form send one check for \$ _____ per member for Department Dues, PLUS \$11.00 per member for National Dues. The Department Vice-Commander of Membership will issue the membership cards to the squadrons.

DEPARTMENTS:

Upon receipt of the D & R Forms from the squadrons and upon issuance of the corresponding cards, complete the section on page 2 with the new card numbers. Forward a Department check to National Headquarters for \$11.00 per member with 1 copy of the completed D & R Forms. One copy of the completed form must also be returned to the squadron with the corresponding cards.

WHERE A DEPARTMENT DOES NOT EXIST, SEND ONE CHECK OF \$ 11.00 PER MEMBER FOR THE NATIONAL DUES TO:

THE SONS OF AMVETS NATIONAL HEADQUARTERS.
THE NATIONAL 1ST VICE-COMMANDER WHO WILL ISSUE THE CARDS.

ELIGIBILITY FOR MEMBERSHIP

Eligibility for membership in the Sons of AMVETS shall be limited to all male descendants, grandsons, adopted sons and stepsons, fathers, husbands, widowers and brothers of members of AMVETS and deceased members of AMVETS, or service personnel, who died and would have been eligible for membership in the parent AMVETS organization, and are at least eighteen (18) years of age and is not eligible for membership in the parent organization. This is not to include in-laws of any type.

THIS FORM MUST BE COMPLETE AND LEGIBLE.

THIS WILL ENSURE THAT ALL INFORMATION WE HAVE IS ACCURATE AND CORRECT.

PLEASE DO NOT HOLD MEMBERSHIP, PROCESS YOUR MEMBERSHIP ASAP

	NEW	TYPE	DATE OF	NAME	PHONE NUMBER		
	CARD#	N/R	BIRTH	ADDRESS	CITY	STATE	ZIP
0.	000000	N	3/20/56	ANDREW J. BOWERS		(937) 422-6666	
	(EXAMPLE)			717 STONEDALE STREET	DAYTON	OHIO	45424
01.							
02.							
03.							
04.							
05.							
06.							
07.							
08.							
09.							
10.							
11.							
12.							
13.							
14.							
15.							

DEPT _____ SQUADRON NO. _____ SUBMITTED BY _____ TITLE _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TOTAL MEMBERS SUBMITTED _____ CHECK AMOUNT \$ _____ CHECK NO. _____ PHONE _____