VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY

MEMBERSHIP SUMMARY FORM

VFW AUX NO.: _____ DEPARTMENT OF: SC LOCATION: _____

MEMBERSHIP YEAR: _____ DATE: _____ REPORT NO: _____

For New and Rejoining Members (Annual and Life) include a copy of their membership application.

	NAME	MEMBER NO.	CONT	Rejoin	New	Annual	Life	CK, CA or CC	Amount
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
TOTALS									

CK = Check CA = Cash CC = Credit Card

AMOUNT SENT	
LIFE MEMBERSHIP	
DEPARTMENT (ANNUAL)	
NATIONAL (ANNUAL)	
TOTAL	

Make checks payable to your Department:
VFW Aux Dept of SC

_____
Auxiliary Treasurer Name

_____
E-mail Address

_____
Telephone No.

By submission of this form, I hereby certify that all Bylaws have been followed and the members reported on this form have paid the dues listed.