



# MEMBERSHIP SUMMARY FORM

VFW AUX NO.: \_\_\_\_\_ DEPARTMENT OF: \_\_\_\_\_ 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 | NEW | REJOIN | LIFE | CK # | AMOUNT |
|---------------|------|------------|------|-----|--------|------|------|--------|
| 1             |      |            |      |     |        |      |      |        |
| 2             |      |            |      |     |        |      |      |        |
| 3             |      |            |      |     |        |      |      |        |
| 4             |      |            |      |     |        |      |      |        |
| 5             |      |            |      |     |        |      |      |        |
| 6             |      |            |      |     |        |      |      |        |
| 7             |      |            |      |     |        |      |      |        |
| 8             |      |            |      |     |        |      |      |        |
| 9             |      |            |      |     |        |      |      |        |
| 10            |      |            |      |     |        |      |      |        |
| 11            |      |            |      |     |        |      |      |        |
| 12            |      |            |      |     |        |      |      |        |
| 13            |      |            |      |     |        |      |      |        |
| 14            |      |            |      |     |        |      |      |        |
| 15            |      |            |      |     |        |      |      |        |
| 16            |      |            |      |     |        |      |      |        |
| 17            |      |            |      |     |        |      |      |        |
| 18            |      |            |      |     |        |      |      |        |
| 19            |      |            |      |     |        |      |      |        |
| 20            |      |            |      |     |        |      |      |        |
| <b>TOTALS</b> |      |            |      |     |        |      |      |        |

| AMOUNT SENT         |  |
|---------------------|--|
| LIFE MEMBERSHIP     |  |
| DEPARTMENT (ANNUAL) |  |
| NATIONAL (ANNUAL)   |  |
| <b>TOTAL</b>        |  |

\_\_\_\_\_  
*Auxiliary Treasurer Name*

\_\_\_\_\_  
*E-mail Address*

VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY

# MEMBERSHIP SUMMARY FORM

**Make checks payable to your Department.**

*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.*