



Ohio AMVETS State Headquarters
960 Checkrein Ave.
Columbus, OH 43229
(614) 4316990

LIFE MEMBERSHIP TRANSMITTAL FORM

1. Complete this Life Membership Transmittal Form and send two copies to your state Department. Save one copy for your Post's records.
2. Submit a check or money order for dues and identify the *purpose, i.e., National or Department portion of Life Membership dues.* *Life Membership dues are \$250. National receives \$125 (50%), the Department retains \$62.50 (25%) and the Post retains \$62.50(25%). Posts in Non-Department states submit this form along with \$187.50 (75%) to AMVETS National Headquarters*
3. Indicate special mailing instructions in the "Send Card To:" section.

Department/State _____ Date _____
Post Number _____ City _____
Post Name _____

Membership Status: New Member _____
(check one) Current Member Number _____
Date Joined _____

Member Name _____
Address _____
City _____ State _____ Zip _____
Email _____
Phone _____

Sex: Male__ Female__ Date of Birth _____
Branch of Service _____ Character of Discharged _____
Year Entered _____ Year Discharged _____
Name of Spouse _____
Sponsor _____
Send Card To: _____

