



Membership Verification Form (Perm File)

Name Last: _____ First: _____ Middle Initial: _____

AMVETS Membership Date: _____ Regular/Life/Sponsor: _____

Address: _____

Subordinate member name: _____ Org: _____

Membership Date: _____

Relationship to Sponsor: _____

Last branch of Service entered: _____

Date Entered: _____ Date Released: _____ Active Duty: _____

Status of Discharge (From the last branch of service):

(Honorable, General and Under Honorable Conditions Only)

Post Officer (1st Vice or Commander): _____

Post Officer (Adjutant): _____

Date Verified: _____