



AMVETS Department of Ohio Headquarters
960 Checkrein Avenue
Columbus, OH 43229-1107
(614) 431-69990

LIFE MEMBERSHIP TRANSMITTAL FORM

1. Complete this Life Membership Transmittal Form *(retain copy for your post)*.
2. Submit a check or money order for dues and this completed form to the Department Headquarters

* Age 55 years and under is \$500 (National receives \$250, the Department receives \$125, and the Post retains the balance). Remittance amount \$375

* Age 56 – 65 is \$400 (National receives \$200, The Department receives \$100, and the Post retains the balance). Remittance amount \$300

* Age 66 years and older is \$300 (National receives \$150, the Department receives \$75, and the Post retains the balance). Remittance amount \$225

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: _____

