



DUES REMITTANCE FORM ANNUALS ONLY

SUBMITTED BY		
DEPARTMENT Ohio	POST #	DATE:
NAME:		
Address:		
City, State, ZIP:		
Phone #:		

POST RECAP	
CHECK #:	
AMOUNT	
NEW MEMBER:	
RENEWAL	
TOTAL	

DEPARTMENT REVIEW	
INITIALS	DATE
AMOUNT RECEIVED	
AMOUNT DUE	
+ / -	

**Reminder: The above information is who will receive Membership Card(s)*

MEMBERSHIP PROCESSING INSTRUCTIONS

- *For Renewals: Type or legibly Print Name, Member's Number
 - *New Members: Type or legibly Print Name, Address, Phone #, E-mail Address, DOB, Branch of Service, Dates of Service, Spouse and Sponsor in boxes below.
- FORWARD DUES IMMEDIATELY TO DEPARTMENT HEADQUARTERS:**

**ONE CHECK MADE OUT TO AMVETS DEPT. (\$25.00 for each annual or renewal).
Send everything to: AMVETS Dept. of Ohio, 960 Checkrein Ave., Columbus Ohio 43229**

<u>RENEWAL</u> Member's ID# Members Name: Any address change, Phone #, Email, etc....	<u>RENEWAL</u> Member's ID# Members Name: Any address change, Phone #, Email, etc....
<u>RENEWAL</u> Member's ID# Members Name: Any address change, Phone #, Email, etc....	<u>RENEWAL</u> Member's ID# Members Name: Any address change, Phone #, Email, etc....
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