AMVETS Department of Ohio
960 Checkrein Ave.
Columbus, Ohio 43229
(614) 431-6990

ANNUAL MEMBERSHIP RENEWAL FORM

1. **Complete this Annual Membership Renewal Form and send it to your state Department at the above address. Save one copy for your records.**
2. **Your amount due is a combination of National, Department, and Post dues. It will be $30 plus your Post dues.**
   National receives $20, the Department retains $10 and the Post receives their dues. Please check with your Post or the Department if you are unsure how much your Post charges for annual members.
3. **Please mail your checks payable to AMVETS Department of Ohio.**

Post Number _____

Member Number _____

Member Name _____

Amount Due _____

Address _____

City _____

State _____ **Zip Code** _____

If you have any questions about your dues or filling out the form, please feel free to contact the Department.