



Ohio AMVETS State Headquarters
1395 E Dublin Granville Rd Ste. 222
Columbus, OH 43229
(614) 431-6990

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: _____

