



AMVETS Riders Application for Membership

Riders Chapter _____ Department/State _____
Sponsor (if applicable) _____

Applicant Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ - _____ Email _____

Applying as: Rider Supporter

Parent Organization: AMVETS Ladies Auxiliary Sons of AMVETS

Membership Number: _____ (Post/Dept. if different from above: _____)

Applicant Signature _____ Date _____
Authorizing Officer _____ Date _____
Chapter President _____ Date _____



Temporary Membership Card

Date _____ Chapter _____ Dept. _____
Dues received from _____
\$ _____ for membership year _____
Received by _____
Signature _____
Phone _____



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