

National AMVETS Riders DRF

Contact Name:

Date _____ Check # _____

Chapter # _____ Date Chartered _____

Please Remit **\$12.00** for each Member

Total Amount Submitted _____

Member Name	RIDE	SUP	VET	SON	AUX	Phone Numbers	EMAIL
Member Address						Membership ID #	
Member Name						Phone Numbers	
Member Address						Membership ID #	
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