



### 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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