


Where do I send them? How many copies?





AMVETS National Ladies Auxiliary
Department Service Report Form
(Totals should only reflect Department Auxiliary Totals)

Report: **(check one)** Mid-Year ☐ Annual ☐

Department: _____ Number of Auxiliaries: _____ Number Reporting: _____

Reports for (check one): Use a separate sheet to report Youth Volunteers

☐ Hospital
 ☐ Americanism (includes S.O.S.)
 ☐ Youth Volunteers

☐ Child Welfare
 ☐ Community Service
 ☐ Scholarship


Number of Projects: _____ Number of Hours: _____
 Number of Volunteers: _____ Total Evaluation: \$ _____

Synopsis of Projects: Use the back if necessary

Department Chairman's Signature: _____ Date: _____
 NEC Woman's Signature: _____ Date: _____
 NEC's Address: _____
 NEC's Phone Number: _____ Email: _____

Department Service Report: Sent by NECwoman by December 1st for Mid-Year and June 1st for Year-End along with a youth report, if applicable.

Written Report Sent by NECwoman to the appropriate National Officer by Jan. 15 for Mid-Year and June 30 for Year-End.



AMVETS National Ladies Auxiliary
 VAVS Representative & Deputy Certification
 (PLEASE PRINT OR TYPE)

TO: National VAVS Representative Date: _____
 Marie Rorrio
 16 Till Street
 Enfield, Connecticut 06082

The Department of _____ submits the following member for certification as VAVS Representative and /or Deputy to serve an indefinite term at the following Medical Center:

Name of Facility _____
 Street Address _____
 City _____ State _____ Zip Code _____

REPRESENTATIVE

Name _____ Phone _____
 Address _____ Email _____
 City _____ State _____ Zip Code _____

DEPUTY

Name _____ Phone _____
 Address _____ Email _____
 City _____ State _____ Zip Code _____

The above new appointments replace the following persons:
 Representative _____ and/or Deputy _____

Signature of Department President _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Email _____
 Phone _____

Signature of Department Hospital Chairman _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Email _____
 Phone _____

REVISED: DECEMBER 2012 Additional Deputies can be added to back of this Certification Form

Sent by the Department to the National VAVS Representative whenever there is a change to a VAVS Rep. or Deputy.

Committee Appointment Recommendations

To: National Officers, Past National Presidents, Department Presidents, Department NEC's, and Local Auxiliary Presidents:

Please fill out this form below with your recommendation for appointments to National Committees. Make sure the people you nominate are aware they should be available to attend any meetings scheduled for National Convention. If they cannot attend the meetings, please do not nominate them for an appointment. While we encourage members to participate on committees, it is important that they choose only (1) one committee appointment. Because of scheduling it is often difficult to attend more than one committee meeting.

This form must be received at National Headquarters by **NOVEMBER 1st** or the Committee Appointments will not be made.

The Committees are:

Americanism	Child Welfare	Community Service	Constitution & Bylaws
History & Scrapbook	Hospital	Junior AMVETS	Membership
Pages/Uniform	Scholarship	VAVS	

+

Name	Address	City/State/Zip	Dept./Local	Committee

Submitted by: _____

Name _____
Title _____
Department _____

National Committee Appointments: Sent by the Department (usually the NECwoman) to National Headquarters by November 1st. It is important to note that anyone can join a committee, but they should be able for scheduled meetings, usually only at National Convention. Please join only one committee.

AMVETS Ladies Auxiliary Humanitarian Award

*"This race of mankind would perish did they cease to aid each other.
We cannot exist without mutual help."
Sir Walter Scott*

AMVETS Ladies Auxiliary annually recognizes, at the AMVET Silver Helmet Banquet, an outstanding American citizen for her/his contributions to benefit the welfare and human spirit of citizens. Each Department is asked to submit the name of an individual(s) whose contributions, in their estimation, has benefited the welfare and human spirit of citizens, and is indeed worthy of the award and who meets the established criteria.

Humanitarian Award Nominee Criteria


1. A person(s) may be considered who has been devoted to, or provided exceptional leadership to the community or State in which she/he lives. The **voluntary** acts shall benefit the welfare and human spirit of citizens.
2. No member of AMVETS or AMVETS Ladies Auxiliary, or their immediate families, will be eligible.
3. Any AMVETS Ladies Auxiliary Member, Local, or Department shall submit the name(s) of an applicant on the award application form. The form to be forwarded to National Headquarters by **March 1st**. Neither age, nor sex, nor national origin shall be a deterrent.
4. **The Department nominee application shall include:**
 - a. The application form as printed in the Convention Digest.
 - b. A 150 word (minimum) essay stating the reasons why the nominee merits the award.
 - c. Pictures, newspaper articles or other printed publications to substantiate and confirm the nominee's voluntary activities.
 - d. A picture of the nominee attached to the essay.
 - e. **The Department shall inquire/ascertain if the nominee can attend the national function.**
 - f. The deadline for submission to National Headquarters shall be **July 15th** annually.

The judging of the award will be vested in the capable hands of the National Board of Trustees and the recipient will be announced at the Spring NEC meeting, upon approval of the AMVETS.

Humanitarian Award: Any member can submit a nominee. Must be submitted to Headquarters by July 15th.

AMVETS Ladies Auxiliary Humanitarian Award Application Form	
AMVETS Ladies Auxiliary member _____ of Auxiliary # _____ (Dept) _____, or Department of _____ nominates the following person(s) to receive the AMVETS Ladies Auxiliary Humanitarian Award:	
Name and Title	_____
Submitted by:	_____ Name and Title
Address:	_____
Signature of Department President or NEC	_____
Mail entries to:	AMVETS Ladies Auxiliary National Headquarters Attention: Chairman of the Board of Trustees 4647 Forbes Boulevard Lanham MD 20706-4380 ****NO APPLICATIONS WILL BE RETURNED*****
	Deadline JULY 15 th

Membership Forms




AMVETS National Ladies Auxiliary 4647 Forbes Blvd Lanham, MD 20706-4380 PH (301)459-6255 Fax (301)459-5403		SUBMITTED BY: DEPARTMENT _____ AUXILIARY # _____ DATE _____ NAME: _____ STREET: _____ CITY, STATE, ZIP: _____ PHONE: _____		RECAP INFORMATION MEMBERSHIP YEAR NEW _____ NEW HONORARY _____ RENEW _____ RENEW HONORARY _____ REJOIN* _____ RENEW TO LIFE _____ *DUES PAID AFTER 12/31 _____ NEW LIFE _____	
--	--	---	--	--	--

DUES REMITTANCE FORM				
	TYPE	MEMBER'S ID#	LAST NAME, FIRST NAME	MAILING ADDRESS/EMAIL ADDRESS
0	R	1234567	Doe, Jane	A Good Place to Live Anytown, USA 99999-1234
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

*TYPE: N=NEW; R=RENEWAL; RJ=REJOIN (DUES PAID AFTER 12/31); NH=NEW HONORARY; RH=RENEW HONORARY; RL=RENEW TO LIFE; NL=NEW LIFE. NEW HONORARY MEMBER FORM GOES TO THE DEPARTMENT. FORWARD IMMEDIATELY TO DEPARTMENT - FOR NON-DEPARTMENT STATES FORWARD TO NATIONAL HEADQUARTERS.

REVISED: JANUARY 2019

Dues Remittance Form: The Local Membership Chairman should complete and send a check to their Department Membership Chairman. The Department Chairman will forward to National Headquarters.



APPLICATION FOR MEMBERSHIP
AMVETS LADIES AUXILIARY

Date _____
 Auxiliary No. _____ City _____ State _____ Date of Birth _____
 Name _____ Email _____
 Street Address _____ Phone _____
 City _____ State _____ Zip Code _____
 Name of AMVET Relative: _____ Post _____
 Relationship: ☐ Mother ☐ Wife ☐ Widow ☐ Sister ☐ Daughter ☐ Step-daughter
☐ Granddaughter ☐ Grandmother ☐ Female Veteran
 Introduced by Auxiliary Member _____
 (Verified by AMVETS Membership Chairman) _____ (Signature of Applicant) _____
 Accepted by: _____ (Auxiliary Membership Chairman)

AMVETS Ladies Auxiliary
 Auxiliary No. _____ City _____ State _____
 Received of _____
 Address _____
 The Sum of \$ _____ for payment of Annual Dues
 for year _____
 Signed by _____

REVISED SEPTEMBER 2015

Membership Application: To be completed by potential member and to be retained by the Local Membership Chairman. Remember it should be verified by Local AMVETS.



AMVETS LADIES AUXILIARY
4647 Forbes Blvd
Lanham, Maryland 20706
301-459-6255 (Phone)
301-459-5403 (Fax)

LIFE MEMBER CARD FORM

Date: _____

Department: _____ Auxiliary: _____ Location/City: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Membership ID#: _____

Send Card To:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

INSTRUCTIONS:

1. Fill out the Life Member form completely.
2. Include Member's ID# if a renewal or write "NEW" if a new member on the D&R form.
3. Make check payable to your Department not National (except in non-Department states).
4. Check should include the Department's portion plus \$225.00 for National.
5. Send three (3) copies of this form to the Department Membership Processing individual with a check.

ALL CHECKS SENT TO NATIONAL HEADQUARTERS MUST HAVE A TRANSMITTAL FORM!

EFFECTIVE JANUARY 1, 2019 - \$225.00 IS REQUIRED FROM DEPARTMENTS FOR LIFE MEMBERSHIP DUES. NEW FORM SHOULD BE USED AS OF JANUARY 1, 2019.

REVISED JANUARY 2019



AMVETS LADIES AUXILIARY
4647 Forbes Blvd.
Lanham, MD 20706-4380
301-459-6255 (Phone)
301-459-5403 (Fax)

CHANGE OF NAME AND ADDRESS FORM

Date: _____

Department: _____ Auxiliary: _____

Present Information	CHANGE TO:
Member's ID#:	
Name:	
Address:	
City/State/Zip:	

Present Information	CHANGE TO:
Member's ID#:	
Name:	
Address:	
City/State/Zip:	

Present Information	CHANGE TO:
Member's ID#:	
Name:	
Address:	
City/State/Zip:	

Life Membership Application:
Three copies are sent to the Department. The Department will send a copy along with the D and R form to National Headquarters.

Change of Name or Address: Must be completed by Local Chairman and sent to the Department. The Department will send a copy along with the Dues Remittance Form.



AMVETS NATIONAL LADIES AUXILIARY
4647 Forbes Boulevard
Lanham, Maryland 20706-4380
(301) 459-6255
(301) 459-5403 FAX

CERTIFICATE OF TRANSFER FORM

Date _____ Member ID# _____
Department _____ Auxiliary _____
Name _____ Address _____
City _____ State _____ Zip _____
FROM:
Department _____ Auxiliary _____ Location _____
TO:
Department _____ Auxiliary _____ Location _____
Membership Type (check one):
☐ Life (Life Date) _____ ☐ Annual (Dues paid for _____ year)
Signature of 1st Vice President/Secretary (FROM) _____ Signature of 1st Vice President/Secretary (TO) _____
Signature of Member Transferring _____

INSTRUCTIONS:

1. Fill Transfer Form out completely.
2. Include Member ID# if an annual or life; write NEW if a new member.
3. In order to complete transfer, a signed copy **MUST** be sent to the Auxiliary the member is transferring from.
4. Send two (2) signed copies of form to Department Membership Processing individual.

REVISED SEPTEMBER 2013

Transfer Form: Must be completed and signed and sent to the Auxiliary the member is transferring from. Two copies should be sent to the Department Membership Processing individual. They will send to National Headquarters.



AMVETS LADIES AUXILIARY
4647 Forbes Boulevard
Lanham, MD 20706-4380
301-459-6255 (Phone)
301-459-5403 (Fax)

DECEASED MEMBER NOTIFICATION

Date _____
DEPARTMENT _____ AUXILIARY _____ MEMBER ID# _____
Name of Deceased _____
Address _____
City _____ State _____ Zip _____
Membership Status _____ Life _____ Annual _____ Honorary _____
Date of Death _____
Next of Kin _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Submitted by: _____ Email: _____
DEPARTMENT _____ AUXILIARY _____
Address _____
City _____ State _____ Zip _____

INSTRUCTIONS:

1. Local Chaplain's will make four (4) copies of this form and keep one copy for Local Auxiliary records.
2. Three copies (3) go to the Department Chaplain. The Department Chaplain retains one copy, sends one copy to the National Chaplain, and sends one copy to National Headquarters. Deceased member form can be emailed to the National Chaplain and National Headquarters.
3. The remaining copy goes to the Local Membership Chairman to be processed through membership as is currently done. Additional copies can be made as required by your Local and/or Department Bylaws.

REVISED: JANUARY 2019

Deceased Member Form: Local Chaplains will make four (4) copies of this form. Keep one and send three (3) to the Department Chaplain. The Department Chaplain will keep one copy and send one to the National Chaplain and one to National Headquarters. The Local Membership Chairman should send one copy to the Department Membership Chairman.



AMVETS NATIONAL LADIES AUXILIARY

QUARTERMASTER ITEMS

AVAILABLE THROUGH NATIONAL HEADQUARTERS

ITEM	COST	QUANTITY ORDERED	TOTAL
CONSTITUTION, BYLAWS AND MANUAL INSERTS ONLY	\$15.00		
CONSTITUTION, BYLAWS AND MANUAL FLASH DRIVE	\$20.00		
MANUAL ONLY Electronically	\$5.00		

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Make checks payable to: AMVETS National Ladies Auxiliary

Mail to: AMVETS National Ladies Auxiliary
4647 Forbes Boulevard
Lanham, MD 20706

It is important that each Local Auxiliary and Department should have a copy of the National Constitution, Bylaws and Manual. This form should be completed and sent to National Headquarters.

Note: All the forms are sent to National Headquarters with the exception of the Deceased Member Form which is sent to National Headquarters and the National Chaplain. The National President and National Parliamentarian do not need copies of these forms.