

Print (Ctrl-P) this form and complete it. Place it in an envelope, along with your attached DD 214 or other documentation and a check for dues in the AMVETS Riders' mail box in Post 51 to process it.



**AMVETS Riders
RANDOLPH CHAPTER 51
9 AMVETS LANE
RANDOLPH, MA 02368**



APPLYING FOR: _____ RIDER _____ SUPPORTER

NAME: _____

ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

EMAIL _____@_____.com PHONE: (____) _____

Parent Organization: AMVETS Post: _____ Ladies Auxiliary: _____ Sons of AMVETS Squadron: _____

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

Applicant Signature : _____

Authorizing Officer: _____

Chapter President: _____

RECEIPT and Temporary Membership

DATE _____ Chapter: _____ Dept. : _____

Dues Received from: _____

CASH _____ CHECK _____ CHECK # _____

AMOUNT \$ _____

Received by: _____

Signature: _____

Phone: (____) _____

Rev1: 01/22/2017 <K>