AMVETS National Headquarters
265 North Avenue
Washington, PA 15301
(301) 459-9600

# LIFE MEMBERSHIP TRANSMITTAL FORM

1. **Complete Life Membership Transmittal form and send Orignal to your State Department Office. Save one copy for your Post's records.**
2. **Submit check or money order for dues and identify the *purpose*, i.e., National or Department portion of Life Membership dues. Life Membership Dues are based on Age:**
   **Age Up to 55 - $500.00 Nat'l $250. (50%), Dept. retains $125. (25%) & Post retains $125. (25%).**
   **Age 56 to 65 - $400.00 Nat'l $200. (50%), Dept. retains $100. (25%) & Post retains $100. (25%).**
   **Age 66 or Older $300.00 Nat'l $150. (50%), Dept. retains $75. (25%) & Post retains $75. (25%).**
3. **Indicate special mailing instructions in the "Send Card To:" section.**

**Please Type or Print Clearly**

**Proof of Service Certified by Authorizing Post Officer checking the box by on signed membership application.**

**Department/Sate: California Date:** _____

**Post Number:** _____ **City:** _____

**Post Name: AMVETS Post** _____

**Membership Status:** (check one)
(◯) **New Member** _____
(◯) **Current Member – #** _____
**Date Joined** _____

**Member Name:** _____

**Address:** _____

**City:** _____ **State:** _____ **Zip:** _____

**Email:** _____

**Phone:** _____

**Sex [ ] Male [ ] Female** **Date of Birth:** _____

**Branch of Service:** _____ **Character of Discharge:** _____

**Date Entered:** _____ **Date Discharged:** _____

**Name of Spouse:** _____

**Sponsor:** _____

**Send Card to:** _____

_____

_____

_____

**FOR OFFICE USE ONLY**
Date Processed: _____
Pd. National Online: _____
Voucher: _____
Tally: _____
Post Update: _____
DD214 List: _____
Sponsor List: _____
Card mailed to member: _____

*Dept. Revised 04/13/2026 BC*