AMVETS Department of California
12345 Euclid Street, Garden Grove, CA 92840

DUES REMITTANCE FORM ANNUALS ONLY

SUBMITTED BY		
DEPARTMENT California	POST #	DATE:
NAME: **AMVETS Post Attn:**		
Address:		
City, State, ZIP:		
Phone #:		

POST RECAP	
CHECK #:	#
AMOUNT	$
NEW MEMBER:	
RENEWAL	
TOTAL	

DEPARTMENT REVIEW	
INITIALS	DATE
NATIONAL REVIEW	
AMOUNT RECEIVED	
AMOUNT DUE	
+ / -	

***Reminder: The above Officer information is who will receive Post Membership Confirmation/Card(s) from Dept. of California.**

MEMBERSHIP PROCESSING INSTRUCTIONS

***New Members:** Type or legibly Print Name, Address, Phone #, E-mail Address, DOB, Branch of Service, Dates of Service, Spouse and Sponsor in boxes below (**Copy of Signed Application w/Post Authorizing Signature**).

***For Renewals:** Type or legibly Print Name, Member's Number

FORWARD DUES IMMEDIATELY TO DEPARTMENT HEADQUARTERS:

ONE CHECK MADE OUT TO AMVETS DEPT. ($30.00 for each annual or renewal).

New Year of 2027 *Starts 9/01/2026 thru August 31, 2027.

THIS INCLUDES DEPARTMENT DUES $15.00 AND NATIONAL FEES $20.00

Send everything to: AMVETS Department of California, Mailing Address: P.O. Box 384, Visalia, CA 93279

Proof of Service, DD214/Statement of Service must be viewed Application must be Signed Membership Application)

NEW Year 2027 **Gender (M or F)** Name: Address: City, State, Zip: Phone #: Email: DOB: Branch of Service: Dates of Service: Spouses Name: Sponsors Name: **DD214/Statement of Service (REQUIRED)**	**NEW Year 2027** **Gender (M or F)** Name: Address: City, State, Zip: Phone #: Email: DOB: Branch of Service: Dates of Service: Spouses Name: Sponsors Name: **DD214/Statement of Service (REQUIRED)**
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RENEWAL for year: _____ Member's ID#: Members Name: Date of Birth: **Any address change, Phone #, Email, etc….**	FOR OFFICE USE ONLY Date Processed: _____ Pd. National Online: _____ Voucher: _____ Tally: _____ Post Update: _____ DD214 List: _____ Sponsor List: _____ Card mailed to member: _____
Revised 09/01/2026 BC	