



Illinois AMVETS Headquarters
2206 South Sixth St.
Springfield, IL 62703

LIFE MEMBERSHIP TRANSMITTAL FORM

1. Complete this Life Membership Transmittal Form and send a copy, along with the appropriate check, to the Illinois AMVETS Headquarters.
2. Submit a check or money order for dues and identify the *purpose*, i.e., National or Department portion of Life Membership dues. Life Membership dues are dependent on age. National receives 50%, the Department retains 25% and the Post retains 25%.
3. Indicate special mailing instructions in the "Send Card To:" section.

Beginning 09/01/23, Life member dues are as follows:

Up to 55 years old - \$500

56-65 years old - \$400

66 years and older - \$300

Department/State _____ Date _____

Post Number _____ City _____

Post Name _____

Membership Status: New Member _____

(check one)

Current Member Number _____

Date Joined _____

Member Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Sex: Male__ Female__

Date of Birth _____

Branch of Service _____

Character of Discharged _____

Year Entered _____

Year Discharged _____

Name of Spouse _____

Sponsor _____

Send Card To: _____
