

**APPLICATION
for
MEMBERSHIP**

**LADIES AUXILIARY
POLISH LEGION of AMERICAN VETERANS, U.S.A.**

Name _____ Phone _____
 Address _____ Date _____
 City _____ State _____ Zip _____ Post # _____
 Relationship to Veteran _____ Dues _____
 Date of Oath _____
 Please notify me about the time and place of Ladies Auxiliary Polish Legion
 of American Veterans, Chapter No. _____ meeting.
 Sponsored by: _____
 Applicant's Signature _____



RECEIPT OF DUES

(Please Print)

_____ 20 _____
 From _____
 \$ _____
 As payment of dues to the Ladies Auxiliary, Polish
 Legion of American Veterans, U.S.A.
 Chapter No. _____
 Chapter Representative _____

Sons and Grandsons can use this for Membership Application

**APPLICATION
for
MEMBERSHIP**

POLISH LEGION of AMERICAN VETERANS, U.S.A.
 National Headquarters
 P.O. Box 42024 • Washington, DC 20015

Name _____ Phone _____
 Mailing Address _____ Date _____
 City _____ State _____ Zip _____ Post # _____
 Date of Birth _____ Dues _____
 Name of Husband/Wife _____
 Date Entered Service _____
 Date Honorably Discharged _____
 Branch of Service _____
 Sponsored By: _____
 Signature _____



RECEIPT OF DUES

(Please Print)

From _____
 \$ _____ For 20 _____
 Post # _____
 Recruiter's Name _____
 Recruiter's Signature _____
 Recruiter's Phone # _____