



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

DUES REMITTANCE FORM

SUBMITTED BY

Department	Post	Date
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Name

Street

City, State, Zip

Phone and/or email address

POST RECAP

CHECK #	
AMOUNT	
NEW MEMBER:	
RENEWAL	
TOTAL	

DEPARTMENT REVIEW

INITIALS	DATE
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ANNUAL MEMBERS

Send \$18/member to the DEPARTMENT Headquarters. Illinois HQ retains \$3, and sends \$15 to national.

LIFE MEMBERS

Send 75% of dues (dependent on age of life member) directly to DEPT. Illinois will retain 25% and send 50% to National.

MEMBERSHIP PROCESSING INSTRUCTIONS: **Renewals:** Put member name and ID number in box. **:: New Members:** Type or legibly print names in boxes below; attach completed application.

Age up to 55 years - \$500 (Send \$375)
 56-65 years old - \$400 (Send \$300)
 66 and up - \$300 (Send \$225)



AMVETS Membership Application

Yes, I want to join AMVETS! I certify that I meet the membership requirements—I am serving or have honorably served in the U.S. Armed Forces (Active, Guard or Reserve).

Member Information:

Name: _____

Address: _____

City: _____

State: _____ ZIP Code: _____

Gender: Male Female

E-mail Address: _____

Phone: _____

Date of Birth: _____

Branch of Service: _____

Date Entered Service: _____

Date of Discharge: _____

Type of Discharge: _____

Signature: _____

Membership Options

Member of IL post _____ (Dues are set by the post.)

Member at large (\$30 annually)

Lifetime member

Beginning 9/1/23:

Members 66+ are \$300

Members 56-65 are \$400

Members 55 and younger are \$500.

Members must be prepared to provide proof of military service.

Submit your payment directly to the IL AMVETS Post you are joining, or mail to the address below.

Illinois AMVETS
attn: Membership
2206 South Sixth St.
Springfield, IL 62703



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: _____

AMVETS NATIONAL HEADQUARTERS

Replacement card requests must be made directly to National Headquarters.



Memo to: National Membership Department

Date: _____

**The member identified below is in need of a replacement card.
Enclosed is \$5 for the card, postage and handling.**

Name:		Dept/Post:	
	(Last) (First) (Middle)		
Member ID#:		Date Joined AMVETS:	

PLEASE FORWARD REPLACEMENT CARD TO:

Name:					
Address:					
City:		State:		Zip:	

Name: _____

Title: _____

Signature: _____



MEMBERSHIP TRANSFER FORM

Transfer Processing Instructions

- ✓ A current member in good standing who makes request to a Department/Post of choice may initiate a member transfer—or a Department/Post may initiate the action by inviting a member to transfer.
- ✓ **Three signatures/dates are required to transfer:** the member, the adjutant of the accepting post and the adjutant of the former post—usually in that order. The former post may *not* delay or deny a member's transfer request unless there is a cause, such as the member owes money or has possession of post property that must be returned. **NOTE:** If a transfer is denied for cause, the reason for denial must be submitted in writing to the department headquarters, along with the unsigned transfer form, within 10 days. The department will notify all parties involved regarding this action. **PRINT AND SUBMIT—DO NOT EMAIL.**
- ✓ The completed and signed transfer form should be mailed to the department office where it is signed and dated, copied, and forwarded to the appropriate Department/Post official and to the National Headquarters.

Name:		Date:	
Address:		Member ID#:	
Home Phone:	()	Member Type:	Life Annual
Work Phone:	()	Date Joined AMVETS	
Former Address: (if moving)		Email:	
		Gender:	M F
Branch of Service:		DOB:	
Date Entered:		Date Discharged:	
Signature of Member:		Date:	

Transferring Information			
Transfer To:	Post Number:	Department:	
Adjutant Signature: (new Post acceptance)		Date:	
Transfer From:	Post Number:	Department:	
Adjutant Signature: (former Post release)		Date:	
Department Signature: (acknowledgement)		Date:	

IMPORTANT: If member wants to receive an updated card with new post on it, they must submit a Replacement Card form, with \$5 directly to the AMVETS National Headquarters.