NAME _____ PUP TENT NO. _____ A Member of _____ Post No. _____ V.F.W.

INITIATED MONTH DAY YEAR Transferred From _____ Address: _____
STREET CITY STATE ZIP

1st Deg _____ To _____ Address: _____
STREET CITY STATE ZIP

2nd Deg _____ Pup Tent No. _____ Address: _____
STREET CITY STATE ZIP

3rd Deg _____

	DATE			WHAT PURPOSE RECEIVED	AMT. REC'D.		DUES PAID TO			VFW DUES PAID TO			
	MONTH	DAY	YEAR		$	¢	MONTH	DAY	YEAR	MONTH	DAY	YEAR	
1													1
2													2
3													3
4													4
5													5
6													6
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21													21
22													22
23													23
24													24