


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 <i>(Please Print)</i>
_____ 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 <i>(Please Print)</i>
From _____
\$ _____ For 20 _____
Post # _____
Recruiter's Name _____
Recruiter's Signature _____
Recruiter's Phone # _____

**AMERICAN
FLAG**

*How to honor
and display the*

"Unity With Heritage"



(Chartered by Act of Congress)

PLAV
U.S.A.