

**MICHIGAN VFW CAMP TROTTER
LIFE MEMBERSHIP APPLICATION**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

POST OR AUX. # _____ DISTRICT _____

LIFE MEMBERSHIP FEE: **\$35.00** PAID BY: CHECK # _____ CASH _____

IS THIS A GIFT: YES ___ NO ___ SEND TO ADDRESS BELOW IN LIEU OF ABOVE ADDRESS:

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

USE ONE BLANK PER MEMBERSHIP APPLICATION

SEND TO: **DEPARTMENT OF MICHIGAN
CAMP TROTTER LIFE MEMBERSHIP
924 N. WASHINGTON AVE.
LANSING, MI 48906**

DEPARTMENT USE ONLY:

DATE RECEIVED _____ DATE MAILED _____ MEMBER # _____

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