

MICHIGAN VFW CAMP TROTTER
LIFETIME MEMBERSHIP APPLICATION

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
POST OR AUX. # _____ DISTRICT _____

LIFETIME MEMBERSHIP FEE: \$50.00 PAID BY:

IS THIS A GIFT: Yes ___ No ___ SEND TO ADDRESS IN LIEU OF ABOVE ADDRESS:

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____

USE ONE BLANK FORM 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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