



ADMISSION FEE TRANSMITTAL FORM
Department of Ohio, VFW

DATE: _____

POST # _____

DISTRICT # _____

NUMBER OF NEW MEMBERS THIS REPORT: _____

NAME OF NEW MEMBERS THIS REPORT: _____

_____	_____
_____	_____
_____	_____

Return to:
VFW Dept of Ohio
P.O. Box 15219
Columbus, Ohio 43215-0219

Number of New Members X \$ 1.00= \$ _____

Check # _____ Check Amount \$ _____

Post Quartermaster Signature _____

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