



Ladies Auxiliary

Polish Legion of American Veterans, U. S. A.

DISPOSITION -
WHITE COPY - SEND TO NATL. DEPT.
YELLOW COPY - SEND TO STATE DEPT.
PINK COPY - SEND TO CHAPTER

Date _____

CODE LETTERS

- Renewals R
New Members NM
Reinstatement RE
Transfer TR
Lifetime LFT

Name & No. of Chapter _____

Address _____

City & State _____

Fin. Sec'y. _____

PLEASE PRINT OR TYPE

Table with 7 columns: Code, Year Joined, First Name, Last Name, Address, City, Zip Code. The table contains multiple empty rows for data entry.