

Membership Recap Sheet (FEMALE VETERANS ONLY)

TRANS # _____

UNIT # _____

YEAR _____

NO NATIONAL OR DEPARTMENT FEES REQUIRED for 2020 NEW Female Veterans

Date _____

Name _____

Your Email: _____

List all members being paid with full name and ID#. Print last name first in **alphabetical** order

LAST NAME	FIRST NAME	SR/JR	ID#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____

(ATTACH ADDITIONAL PAGES AS NEEDED ONLY PUT TOTALS ON 1ST PAGE. DO NOT USE BACK OF PAGE)