



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

Auxiliary Name & Number: _____

AUXILIARY UNITS (Please circle Unit)

Address: _____

Sons and Grandsons

Victory Fathers

City, State & Zip Code: _____

Unity with Heritage

Senior and Retired Citizens

Adjutant or Fin Sec'y: _____

Fiscal Year _____ **Membership Report**

Date: _____ Phone: _____

ONLY Include Addresses for New Members or Change of Address – Please Type or Print Clearly

CODE	CARD #	Name	Address	City/State/Zip	Sponsor
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

CODE LETTERS

Renewals.....R
New Member.....NM
Reinstate.....RE
Transfer.....TR

RENEWAL _____ NEW MEMBER _____ REINSTATE _____ TRANSFER _____ TOTAL _____

MEMBERS _____ ASSESSMENT EACH MEMBER \$ _____ TOTAL AMOUNT ENCLOSED \$ _____



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

Fiscal Year Post Auxiliary Units Membership Reporting Instructions Form M-200A

All requests for copies of this Form must be submitted to the National Adjutant or down loaded from our website www.plav.org.

Form M-200A is used to give a full description of each individual member of a particular Auxiliary.

The Auxiliary Secretary, Treasurer or Membership Chairperson is responsible for completing this Form.

This Form and the required dues should be sent monthly to the National Membership Director. Copies should be retained by the State Department and Local Auxiliary Unit.

Please type or print clearly.

TOP RIGHT OF FORM	Auxiliary Name, Address and Individual responsible for filling out the form.
CODE	Member's Status Code. (shown at bottom left of Form M200-A)
NAME	Member's full name (first name, middle initial and last name)
ADDRESS, CITY, STATE, ZIP	<u>ONLY</u> include the address for New Members Reinstated Transfers New Addresses
BOTTOM OF FORM	Total count of members on the <u>sheet</u> and amount of dues paid to the National Department.