

Mail to: Alice Lynch, Chairman
Disaster Committee VFW Aux.
2322 Scott St.
Davenport, IA 52803

**APPLICATION FOR DISASTER
(Department of IA Auxiliary Member ONLY)**

Date of Disaster _____ Place of Disaster _____

Auxiliary Name _____ Aux. No. _____ State IOWA

Members Full Name _____ Phone No. () -

(Street Address)

(City and State)

(Zip Code)

Auxiliary Members ID Number _____

List Family members living in same household Auxiliary Member applying for Disaster:

(Spouse)

List Children (living at home):

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

Brief statement of how the family was affected in the disaster (Monetary amount of damage Special needs: Handicapped, medications, and etc.) More details can be listed on reverse side.

To be completed by Auxiliary Treasurer:

(Treasurer PLEASE NOTE must be VFW Auxiliary members property ONLY!)

This is to verify that _____ is a member of Auxiliary No. _____. Joining _____
and has paid current years dues _____ and preceding year's dues _____.

I hereby sign and attest that the above facts are true in every detail and that this applicant is a member in good standing in Auxiliary No. _____. Property damage is that of the auxiliary member.

SIGNED _____
(Auxiliary Treasurer's Signature)

(AUX. SEAL)

(Application must be received within 90 days of disaster)

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