



# MILITARY ORDER OF THE PURPLE HEART AUXILIARY

## LIFE MEMBERSHIP VERIFICATION FORM

REPORTING YEAR 20 \_\_\_\_ - 20 \_\_\_\_

This form is **DUE NO EARLIER THAN JULY 1** and **NO LATER THAN OCTOBER 1** to verify member counts shown on roster as of June 30 for rebate eligibility.

Unit Number: \_\_\_\_\_ Unit Name: \_\_\_\_\_

Region: \_\_\_\_\_ City & State: \_\_\_\_\_

**NO CHANGES TO REPORT**-unit member count is in agreement with the June 30 roster provided by National Membership Officer.

If "No Changes" check above box, sign below and submit form by mail or scanning and emailing.

CHANGES TO REPORT TO THE JUNE 30 ROSTER			
Member #	Member Name	Roster Change	Date of Change
		Deceased Transfer In      Out Other-attach explanation	DOD: Transfer:
		Deceased Transfer In      Out Other-attach explanation	DOD: Transfer:
		Deceased Transfer In      Out Other-attach explanation	DOD: Transfer:
		Deceased Transfer In      Out Other-attach explanation	DOD: Transfer:

MEMBER COUNT AS OF JUNE 30	
Regular Members	
(+) Associate Members:	
(+) Junior Members:	
<b>Total Member Count</b>	

Unit Secretary: \_\_\_\_\_

Date submitted: \_\_\_\_\_

### INSTRUCTIONS:

- Provide copies to National Membership Officer (Members.MOPHA@Gmail.com), National Secretary (MOPHAUXSEC@gmail.com), and Department Secretary, **no earlier than July 1, and no later than October 1**. If sending by mail, click the PRINT button below. If sending by email, click the SAVE button below to keep a copy for your records and to email to the appropriate party.
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