50 Year Auxiliary Registration Form

In recognition of 50 continuous years as a Maryland Auxiliary, awarded in 5 year increments.

PLEASE PRINT CLEARLY SO THE CERTIFICATE IS CORRECT

Official Auxiliary Name: _____

Date Incorporated: _____

Address: _____

Submitted by: _____

Phone number: _____

Email contact: _____

Date Submitted: _____

Please submit this form to: Lori Denbow
LAMSFA President
103 Brotherton Court
Havre de Grace, MD 21078

Or by email at FFLori1@aol.com