

VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

An incomplete application could delay your membership start date.

Applicant completes sections A, B, C or D and F. Auxiliaries/Departments complete section E.

A

Recruited/Recommended by: Recruiter Member ID

Auxiliary No. City State Member ID (If already a member)

Annual Membership Rejoin

Life Membership Transfer

Member at Large in Department of Member at Large - VFW Auxiliary National Headquarters

(If not a transfer, skip to B.)

LIFE MEMBER TRANSFER Previous Auxiliary

ANNUAL TRANSFER Previous Auxiliary Paying Nonpaying

ANNUAL TRANSFER CONVERTING TO LIFE (Fill out Life Membership information below.) Previous Auxiliary

B

THESE FIELDS REQUIRED

Name Date of Birth

Address Female Male

City State ZIP Phone Email

C

POST-AFFILIATED (*Must be a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)

Relationship to Eligible Veteran* VFW Membership ID

D

NON-AFFILIATED (*Veteran is not a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)

Relationship to Eligible Veteran* VFW Post (If applicable)

Name of campaign ribbons or medals:

Dates of Service: to Location:

E

Investigating Committee Signatures

1 2 3

Per Section 102 of the National Bylaws. Rejected Accepted Meeting Date Obligated Date

F

By signing this, I agree to the stated charges for a Life Membership fee.

OBLIGATION In the presence of Almighty God and the members of this organization here assembled, I do of my own free will and accord, solemnly promise that I will never wrong or defraud this organization nor a member thereof nor permit either to be wronged if in my power to prevent it. I will never propose for membership any person not eligible, according to our Bylaws. I further state that I believe in God. I will be faithful to the United States of America, obedient to the laws and loyal to the Flag. Should my membership with this organization cease in any way, I will consider this obligation as binding outside of the organization as though I had remained a member. I do so promise. I attest that I am at least 16 years of age. I pledge to comply with the National Bylaws of the Veterans of Foreign Wars of the United States Auxiliary. I attest I am not eligible for membership in the VFW. I further attest that the above is true and correct to the best of my knowledge, including my stated relationship to the Veteran.

Signature Date

(Must be signed by all members.)

LIFE MEMBERSHIP ONLY Check here if this is a gift.

Credit cards may **NOT** be used for initial payment of Annual Dues.

Cash Check Visa MasterCard Discover AMEX Life Membership Fee

Name on credit card

Billing address for card

City State ZIP

Credit Card No. CVV Code

Exp. Date Date Signature

LIFE MEMBERSHIP FEES

Life Membership fees are not refundable.

Attained age at 12/31 of year applying for Life Membership.

Through 20	\$253
21-25	\$242
26-30	\$230
31-35	\$219
36-40	\$213
41-45	\$201
46-50	\$196
51-55	\$184
56-60	\$173
61-65	\$161
66-70	\$150
71-75	\$132
76-80	\$109
81-85	\$86
86-90	\$69
91 and over	\$58