

VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

Recruited/Recommended by: _____ Recruiter Member ID _____
 Auxiliary No. _____ City _____ State _____ Member ID (If already a member) _____

Annual Membership Life Membership
 Rejoin Membership Rejoined Previous Member ID No. _____ Previous Auxiliary _____
 Member at Large in Department of _____ Member at Large - VFW Auxiliary National Headquarters

THESE FIELDS REQUIRED

Name _____ Date of Birth _____
 Address _____ Male Female
 City _____ State _____ ZIP _____ Phone _____ Email _____

POST-AFFILIATED (*Must be a member to the VFW Post affiliated with the Auxiliary to which you are applying.)
 Relationship _____ to Eligible Veteran* _____ VFW Membership ID _____

LIFE MEMBER TRANSFER Previous Auxiliary _____

ANNUAL TRANSFER Previous Auxiliary _____ Paying Nonpaying

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

THESE FIELDS REQUIRED

NON-AFFILIATED (*Veteran is not a 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: _____

I attest that I am a citizen of the United States or a U.S. National, and am at least 16 years of age. I further state that I believe in God. 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.

Investigating Committee Signatures

1 _____ 2 _____ 3 _____

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

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 _____
 Signature _____ Date _____

LIFE MEMBERSHIP ONLY
 ACH (Bank withdrawal)
 Name of Bank _____
 Bank Routing No. _____
 Account No. _____
 Attach voided check HERE.
 (Required)

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

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.*

Signature _____ (Must be signed by all members.)