

NEW MEMBER APPLICATION – POST AFFILIATED

Recommended by: _____

Annual Membership Life Membership Auxiliary No. _____ City _____ State _____

Member-at-Large Life Member-at-Large in Department of _____ or in National

Name _____ Date of Birth ____/____/____

Address _____

City _____ State _____ ZIP _____

Phone(____) _____ - _____ E-mail _____

Relationship _____ to Eligible Veteran* _____ VFW Membership ID _____

*Must be a member of the Post affiliated with the Ladies Auxiliary to which you are applying.

I attest that I am a citizen of the United States, and I pledge to comply with the National Bylaws of the Ladies Auxiliary to the Veterans of Foreign Wars of the United States. I affirm that the above eligibility is true and correct. Applicant's Signature _____ Date _____

Investigating Committee: 1) _____ 2) _____ 3) _____

Per Section 105 of the National Bylaws. Rejected Election Date _____ Obligated Date _____

Ladies
Auxiliary
to the VFW

NEW MEMBER - LIFE MEMBERSHIP Check here if

this is a gift. Card will be mailed to the Auxiliary Treasurer

Payment: Cash Check Visa

Mastercard Discover ACH (Bank withdrawal)

Life Membership Fee \$ _____

C. C. # _____

CVV Code ____ Exp. ____/____

Name of Bank _____

Bank Routing No. _____

Account No. _____

Prior to enrolling in the Installment Plan, current year's dues and subsequent annual dues must be paid until Plan is completed. If for any reason the agreement for the installment plan is terminated, all fees paid will be forfeited. No refunds will be made. I authorize the first of twelve (12) installments of \$ _____ to be processed immediately with eleven (11) remaining payments to be processed on the 15th of each month.

Signature _____ Date _____

LIFE MEMBERSHIP FEES

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

Through 20	\$220	\$19.86 per month
21-25	\$210	\$18.96
26-30	\$200	\$18.06
31-35	\$190	\$17.15
36-40	\$185	\$16.70
41-45	\$175	\$15.80
46-50	\$170	\$15.35
51-55	\$160	\$14.44
56-60	\$150	\$13.54
61-65	\$140	\$12.64
66-70	\$130	\$11.74
71-75	\$115	\$10.38
76-80	\$95	\$8.58
81-85	\$75	\$6.77
86-90	\$60	\$5.42
91 and over	\$50	\$4.51

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 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.

NEW MEMBER APPLICATION – NON-AFFILIATED

Recommended by: _____

(Eligible veteran is deceased, is not a VFW member or is a member of another Post.)

Annual Membership Life Membership Auxiliary No. _____ City _____ State _____

Member-at-Large Life Member-at-Large in Department of _____ or in National

Name _____ Date of Birth ____/____/____

Address _____

City _____ State _____ ZIP _____

Phone (____) _____ - _____ E-mail _____

Relationship _____ to Eligible Veteran _____ VFW Post _____

Name of campaign ribbons or medals: _____

Foreign Service ____/____/____ to ____/____/____ Location: _____

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Investigating Committee: 1) _____ 2) _____ 3) _____

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