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 X 2 X 3 X

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 X Date

LIFE MEMBERSHIP ONLY

☐ ACH *(Bank withdrawl)*

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 X *(Must be signed by all members.)*