

**VFW Department of Massachusetts
Life Membership Application**

Name: _____

Membership Number: _____

Date of Birth: _____

Phone: _____

E-Mail: _____

Post: _____ Length of Membership: _____

Age: _____ Amount Due: _____

Age Range	Department Pays	Member Pays
Through Age 30	\$425	\$212.50
31-40	\$410	\$205
41-50	\$375	\$187.50
51-60	\$335	\$167.50
61-70	\$290	\$145
71-80	\$225	\$112.50
81 and over	\$170	\$85

I certify the information contained above is true and accurate.

Member's Signature

Date

Mail form and check to:

VFW Dept of Massachusetts
Life Membership Program
24 Beacon St, Suite 546-1
Boston, MA 02133