

MEMBERSHIP/MEMBER TRANSFER APPLICATION *PLEASE PRINT CLEARLY*

Recruited/Recommended by: _____ Recruiter Member ID _____

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

☐ Annual Membership ☐ Life ☐ Rejoined Previous Member No. _____, Previous Auxiliary _____

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

These fields required. Name _____ Date of Birth _____ / _____ / _____
 Address _____ Male _____ or Female _____
 City _____ State _____ ZIP _____
 Phone (_____) _____ - _____ E-mail _____

☐ **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 _____ Accepting Treasurer's Signature _____

Date _____

☐ **ANNUAL TRANSFER**, Previous Auxiliary _____ Paying _____ or Nonpaying _____? (check one)

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

☐ **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.

Applicant's Signature _____ Date _____

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

Per Section 102 of the National Bylaws. ☐ Rejected ☐ Election Date _____ / _____ / _____ Obligated Date _____ / _____ / _____

LIFE MEMBERSHIP ☐ Check here if this is a gift.

Card will be mailed to the Auxiliary Treasurer.

Payment: ☐ 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. _____ / _____

Signature _____ Date _____

LIFE MEMBERSHIP ☐ ACH (Bank withdrawal)

Name of Bank _____

Bank Routing No. _____

Account No. _____

Attach voided check HERE. (Required)



LIFE MEMBERSHIP FEES
Effective 1/1/2017

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.)**