

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 _____

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)

LIFE MEMBER TRANSFER, Previous Auxiliary _____ (Note: Eligibility proof and investigating committee not needed.)

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.)

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
 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.)