

# VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

Recruited/Recommended by:		Recruiter Member ID			
Auxiliary No.		City	State	Member ID (If already a member)	
<input type="checkbox"/> Annual Membership	<input type="checkbox"/> Life Membership				
<input type="checkbox"/> Rejoin Membership	Rejoined Previous Member ID No.		Previous Auxiliary		
<input type="checkbox"/> Member at Large in Department of		<input type="checkbox"/> Member at Large - VFW Auxiliary National Headquarters			

THESE FIELDS REQUIRED

Name		Date of Birth			
Address			<input type="checkbox"/> Male <input type="checkbox"/> 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 <input type="checkbox"/> to Eligible Veteran* <input type="checkbox"/>	VFW Post (If applicable)	<input type="checkbox"/>
Name of campaign ribbons or medals: <input type="checkbox"/>		
Dates of Service: <input type="checkbox"/> to <input type="checkbox"/>	Location: <input type="checkbox"/>	

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 ☒ ☐ 2 ☒ ☐ 3 ☒ ☐

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	<input type="checkbox"/>	
Name on credit card	<input type="checkbox"/>	
Billing address for card	<input type="checkbox"/>	
City	State	ZIP
Credit Card No.	<input type="checkbox"/>	
CVV Code	Exp. Date	<input type="checkbox"/>
Signature <input checked="" type="checkbox"/>	Date	<input type="checkbox"/>

## LIFE MEMBERSHIP ONLY

☐ ACH (Bank withdrawal)

Name of Bank	<input type="checkbox"/>
Bank Routing No.	<input type="checkbox"/>
Account No.	<input type="checkbox"/>
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 ☒ (Must be signed by all members.)