VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

An incomplete application could delay your membership start date.

Applicant completes sections A, B, C or D and F. Auxiliaries/Departments complete section E.

A

Recruited/Recommended by: _____ Recruiter Member ID _____

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

☐ Annual Membership ☐ Rejoin

☐ Life Membership ☐ Transfer

☐ Member at Large in Department of _____ ☐ Member at Large - VFW Auxiliary National Headquarters

(If not a transfer, skip to B.)

☐ **LIFE MEMBER TRANSFER** Previous Auxiliary _____

☐ **ANNUAL TRANSFER** ☐ Previous Auxiliary _____ ☐ Paying ☐ Nonpaying

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

B

THESE FIELDS REQUIRED

Name _____ Date of Birth _____

Address _____ ☐ Female ☐ Male

City _____ State _____ ZIP _____ Phone _____ Email _____

C

☐ **POST-AFFILIATED** *(*Must be a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)*

Relationship _____ to Eligible Veteran* _____ VFW Membership ID _____

D

THESE FIELDS REQUIRED

☐ **NON-AFFILIATED** *(*Veteran is not a current 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: _____

E

Investigating Committee Signatures

1 X _____ 2 X _____ 3 X _____

Per Section 102 of the National Bylaws. ☐ Rejected ☐ Accepted Meeting Date _____ Obligated Date _____

F

By signing this, I agree to the stated charges for a Life Membership fee.

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.*

I attest that I am at least 16 years of age. 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.

Signature X _____ Date _____

(Must be signed by all members.)

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 _____ Date _____ Signature X _____

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

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