

VFW MEMBERSHIP APPLICATION

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

NATIONAL COPY
Ver. 3/18

NAME _____
FIRST _____ MIDDLE _____ LAST _____

ADDRESS _____
CITY _____ STATE _____ ZIP _____

EMAIL _____

DATE OF BIRTH _____ GENDER: (M) (F)

PHONE _____ SSN (optional) _____

BRANCH OF SERVICE ARMY NAVY AIR FORCE MARINES COAST GUARD

QUALIFYING CAMPAIGN MEDAL(S) and/or SERVICE _____

DATES OF SERVICE: _____

LOCATION OF QUALIFYING FOREIGN SERVICE: _____

Please see reverse for terms and conditions of Automatic Payment and Installment Life Plans.

MEMBERSHIP TYPE (choose one)

ANNUAL MEMBER

Payment Authorization: You may pay by check or credit card. For payments by check, you will receive a yearly statement by mail. For credit card payments, please complete the following:

- I authorize the VFW to automatically charge my account \$ _____ on a yearly basis to pay my Annual membership dues.
- I authorize the VFW to charge my account a one-time payment of \$ _____
- LIFE MEMBER
- I authorize the VFW to charge my account for a one-time payment of \$ _____
- LIFE MEMBER INSTALLMENT PLAN
- I authorize the VFW to automatically charge my account \$ _____ to be paid in 11 monthly installment payments after my initial payment of \$45.00.
- I authorize the VFW to charge the \$45.00 initial payment and I understand that I will be billed for the remaining 11 monthly installment payments.

QUARTERMASTER - PLEASE FILL OUT

- NEW Post No. _____
- FORMER MEMBER ID No. _____
- TRANSFER From Post No. _____ to Post No. _____
transfer complies with Sec. 107
- RECRUITER (please print) _____ name _____ member no. _____

QUARTERMASTER:

signature _____ member no. _____

- MASTERCARD VISA DISCOVER AMEX

card no.

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Exp. Date ____ / ____ AMOUNT: \$ _____

SIGNATURE: _____