

VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

Please print legibly. An incomplete application could delay your membership start date.

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

A APPLICATION INFORMATION

Name Female Male
 Address Date of Birth / /
 City State ZIP Phone () - Email

Auxiliary Post No. City State
 New Member Transferring Member Rejoining Member (Prior Member ID Number)
 Member at Large in Department of Member at Large - VFW Auxiliary National Headquarters

C (Transfer only information) ANNUAL TRANSFER LIFE MEMBER TRANSFER
 Member ID Previous Auxiliary Paying Nonpaying

D POST-AFFILIATED (*Must be a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)
 I am the (Relationship) to (Eligible Veteran* Name)
 VFW Membership ID VFW Post (Must be same as B)

E NON-AFFILIATED (*Veteran is not a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)
 I am the (Relationship) to (Eligible Veteran* Name)
 Name of campaign ribbons or medals:
 Dates of Service: to Foreign Location:

F Recruited/Recommended by: Recruiter Member ID
 Check one: Aux VFW

G Investigating Committee Signatures
 1 2 3
 Per Section 102 of the National Bylaws. Rejected Accepted Incomplete Obligated Date

H Annual Membership Life Membership Check here if this is a (Member's card will be sent to if not provided.)
 Payment Method and Amount: Cash Check Credit Card
 ***If paying by credit card, after this application is processed, an email and/or text message will be sent to the cardholder to confirm payment. Instructions in the communication for payment must be completed within 30 days or the membership application will be voided. If someone other than the applicant above is paying by credit card for the membership, please provide your phone number and email address below to receive payment instructions once the membership application has been processed.
 Phone Email

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	\$179
61-65	\$170
66-70	\$150
71-75	\$132
76-80	\$109
81-85	\$86
86-90	\$69
91 and over	\$58

I OBLIGATION In the presence of Almighty God and the members of this organization here assembled, I do of my own free will and 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 I prevent it. I will never propose for membership any person not eligible, according to our Bylaws. I will be faithful to the United States Constitution, obedient to the laws and loyal to the Flag. Should my membership with this organization cease in any way, I will consider this obligation 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 Date

By filing out this application and providing your contact information, you agree to receive communications from the VFW Auxiliary. The communications may include updates, promotions, and other information related to our services. Communications may be in the form of e-mails, SMS text messages, and/or automated calls. You understand that these communications may be sent using an automated telephone dialer system. Standard message and data rates may apply. You can opt-out at any time by following the instructions provided in the communications. No mobile information will be shared with third parties/affiliates for marketing/promotional purposes.