

Cpl. Walter F. Bruce VFW Post #1146
AUXILIARY APPLICATION
28404 Jefferson St. Clair Shores, MI 48081

Thank you for your interest in joining the Auxiliary. Attached is a membership form you will need to complete. Please make sure you fill out and sign in both **areas.

Post Affiliated: (Must be a current member to the VFW Post affiliated with the Auxiliary you are applying). You will NEED the Eligible Veteran name & VFW Membership ID # and your relationship to Eligible Veteran. This information then will be given to the Quartermaster to confirm the Veteran is a member. *You will also have to submit a copy of the Eligible Veteran DD214 or Proof of Eligibility.*

Non-Affiliated: (Veteran is not a member of the VFW Post affiliated with the Auxiliary to which you are applying). You will NEED the Eligible Veteran name, the VFW Post # (if applicable) and your relationship to Eligible Veteran. *You will also have to submit a copy of the Eligible Veteran DD214 or Proof of Eligibility.*

Along with the membership form, you will need:

1. A copy of the DD214 - IF NOT POST AFFILIATED (Certificate of release or Discharge from Active Duty) attached to the membership form. If you need a copy of the DD214, you can go online to: <http://vetrecs.archives.gov> or fill out form 180 and mail back.
*Cash or Check must be with application.
*Continuous member (pays dues yearly) – \$25 + \$10 Adm. Fee (1 time only) = \$35.
*Life Member – see application form for amount + \$10 Adm. Fee (1 time only) + \$1 Key Card for Clubroom
2. Mail application to: Kay Eiswirth 25578 Island View Dr. Harrison Township, MI 48045 or to the above Bruce Post address marked Auxiliary Application. You can drop off at the Quartermaster station or you can put in the Auxiliary box by the pool table in the Club Room marked Auxiliary Application.

The application must be approved and voted on the floor of our meeting. We meet the 1st Thursday of the month at 7:30pm. Once application has been accepted, you will receive a call from the secretary. Please be patient. Until approved on floor at meeting there is nothing we can do to expedite.

If you have any questions, you may contact:

Membership
Kay Eiswirth
586-413-9934

keiswirth@yahoo.com

Treasurer
Terri McCloy
586-899-9554

terri_mccloy@wowway.com

Auxiliary President
Diane Stanley
586-322-1575

oma.stanley@gmail.com

THANK YOU FOR YOUR INTEREST IN JOINING THE VFW AUXILIARY!

Eligibility to the VFW Auxiliary:

*Must be at least 16 years old and a citizen of the United States

***Those eligible:**

**Husband/Wife, Widower/Widow, Father/Mother, Grandfathers/Grandmothers, Sons/Daughters,
Grandsons/Granddaughters, Brothers/Sisters**

Of persons who were or are eligible for membership in the VFW of the United States

*Must have received a campaign medal for overseas serve, have served 30 consecutive or 60 non-consecutive days in Korea, or have ever received hostile fire or imminent danger pay.

MEMBER/TRANSFER APPLICATION

PLEASE PRINT CLEARLY Recruited/Recommended by: _____

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

Name _____ Date of Birth ____/____/____

These fields required. 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 state that the above is true and correct to the best of my knowledge.

* 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 _____
C. C. # _____
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.)