



# VFW Membership Mail-In Application

## VETERANS OF FOREIGN WARS

Yes, I want to Join VFW Post 2632 and continue serving my country, my community and my fellow man.

**PLEASE ENTER YOUR PERSONAL INFORMATION**

Name:

\_\_\_\_\_  
Last First M.I.

Address:

\_\_\_\_\_  
Street City State Zip

Email:

\_\_\_\_\_  
Phone: \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_\_\_ SSN: \_\_\_\_\_

Home of Record (Active Duty Only):

Same as above

Address:

\_\_\_\_\_  
Street City State Zip

**SERVICE INFORMATION**

Branch of Service:  Army  Marine Corps  Navy  Air Force  Coast Guard

Eligibility (Choose one):

WWII  Afghanistan  Combat Action Ribbon  SSBN  
 Korean War  Iraq  Expeditionary Medal  Imminent Danger /  
 Vietnam  Korean Svc (7/1/49 – Present)  Occupation Medal  Hostile Fire Pay  
 Persian Gulf War  Kosovo  Other: \_\_\_\_\_

Overseas From: \_\_\_\_\_ To \_\_\_\_\_ Service Location: \_\_\_\_\_

Name of Campaign Ribbon or Medal: \_\_\_\_\_

**MEMBERSHIP TYPE (Choose one):**  Annual \$35.00  Life Membership (one-time payment)  
 Life Membership (installment)

**LIFE MEMBERSHIP FEE SCHEDULE**

**Payment Plan Terms & Conditions:**

The VFW Life Membership installment plan allows any VFW Member/Applicant to purchase a Life Membership by making either installment after an initial payment of \$35. The member will be issued a "Provisional Life" membership card and can elect, upon receipt of first monthly invoice, to pay via check, credit card or ACH Debit. The applicable Life Membership fee is to be determined from the schedule using the applicant's age on Dec. 31 of the installment plan year in which the application is submitted, regardless of actual date of birth. A permanent Life Membership card will be issued upon completion of this agreement. The monthly fee shown includes a \$1.75 monthly service fee. No refund of any portion of current year annual dues will be made.

Age	One-Time Payment	11-Month Installment
18-30	\$425.00	\$37.20
31-40	\$410.00	\$35.84
41-50	\$375.00	\$32.66
51-60	\$335.00	\$29.03
61-70	\$290.00	\$24.93
71-80	\$225.00	\$19.03
81 and over	\$170.00	\$14.03

**PAYMENT INFORMATION:**  Check/Money Order  Visa/MasterCard  Discover  American Express

Card Number: \_\_\_\_\_ Expiration Date (MM/YY): \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Amount to be Charged: \$ \_\_\_\_\_  
 If using Life Membership installment, amount is \$35

**VERIFICATION & SIGNATURE**

I attest that by forwarding this application that I am a citizen of the United States of America and that I have confirmed my eligibility for membership in the Veterans of Foreign Wars of the United States. I further give authority to the Veterans of Foreign Wars of the United States to verify my eligibility for membership.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Mail Form to: VFW Post 2632, Membership Department, P.O. Box 86, California, MD 20619

Questions: Call 301-862-3247

Updated: 4/9/2014