

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

These fields required.

Name _____ Date of Birth ____/____/____
 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.)