



Veterans of Foreign Wars of the United States VFW Membership Application Form

Print & mail your completed application including membership fee, DD Form 214 or other qualifying documentation to:

Moravia VFW Post 7127
PO Box 547
Moravia NY 13118-0547
Tel: 315.497.0076
email: moraviavfw@moraviavfw.com

JOIN POST 7127 - FIRST YEAR'S MEMEBERSHIP IS PAID BY THE POST

VFW Membership Mail-In Application

Please enter your personal information:

First Name: _____ MI: _____ Last Name: _____
 Telephone: _____ Email: _____
 Service Number or SSN: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Date of Birth: Month: _____ Day: _____ Year: _____ Dates of Military Service: From: _____ To: _____

If you're on active duty, please provide your permanent hometown address:

Street Address or P.O. Box _____
 City: _____ State: _____ Zip: _____

Service Information: Note: Name of Campaign Ribbon or Medal is NOT required if your eligibility is based on receipt of imminent danger/hostile fire pay or service in Korea. You must enter period covered if imminent danger/hostile fire pay or SSBN is used as sole qualifying experience.

Branch

Eligibility

____ Army	____ WWII	____ Occupation Medal
____ Marine Corp	____ Korea	____ CIB/CMB
____ Navy	____ Vietnam	____ Combat Action Ribbon
____ Air Force	____ Desert Storm	____ Imminent Danger Pay
____ Coast Guard	____ Exp Medal	____ Hostile Fire
	____ Campaign Medal	____ SSBN
	____ Other / Describe _____	

Membership Type:

Please check only one. If you choose Life Membership, please choose one membership fee based on your present age:

_____ Annual Membership (first year's membership fee is paid by Post 7127)

OR

Life Membership (Based on your age, check one)

___ Up to age 30 = \$425 ___ Age 31 to 40 = \$410 ___ Age 41 to 50 = \$375 ___ Age 51 to 60 = \$335 ___ Age 61 to 70 = \$290 ___ Age 71 to 80 = \$225 ___ Age 81+ = \$170
 Any applicant whose 31st, 41st, 51st, 61st 71st or 81st birthday will occur after the date of application and on or before December 31st of the current calendar year, shall pay only the fee that would be required on his next birthday.

Payment Information:

Check enclosed in the amount of _____, payable to VFW Post 7127.
 Please enclose any additional eligibility documentation such as DD214 or other official documentation of eligible service.

Attestation of Eligibility: Yes, I attest by forwarding this application that I am a citizen of the United States and I have checked the membership eligibility requirements of the Veterans of Foreign Wars of the United States and find that I am eligible for membership in the VFW and that I have never been discharged under other than honorable conditions or I am still serving honorably in the armed forces of the United States of America. I further give authority to the Veterans of Foreign Wars of the United States to verify my entitlement to membership.

Signature of Applicant

Date Signed

Recruiter Name & Card # (VFW use only)

Recruiter Signature