

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.

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 - (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	Treasurer	Auxiliary President
Kay Eiswirth	Terri McCloy	Nancy Gaglio
586-413-9934	586-899-9554	586-757-4883
keiswirth@yahoo.com	terri_mccloy@wowway.com	nancygaglio17@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 service, have served 30 consecutive or 60 non-consecutive days in Korea, or have ever received hostile fire or imminent danger pay.

VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

Recruited/Recommended by: Recruiter Member ID

Auxiliary No. City State Member ID (If already a member)

Annual Membership Life Membership

Rejoin Membership Rejoined Previous Member ID No. Previous Auxiliary

Member at Large in Department of Member at Large - VFW Auxiliary National Headquarters

THESE FIELDS REQUIRED

Name Date of Birth
 Address Male Female
 City State ZIP
 Phone Email

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
 LIFE MEMBER TRANSFER Previous Auxiliary
 ANNUAL TRANSFER Previous Auxiliary Paying Nonpaying
 ANNUAL TRANSFER CONVERTING TO LIFE (Fill out Life Membership information below.) Previous Auxiliary

THESE FIELDS REQUIRED

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)
 Name of campaign ribbons or medals:
 Dates of Service: to Location:

Investigating Committee Signatures

1 2 3

Per Section 102 of the National Bylaws. Rejected Accepted Meeting Date Obligated Date

LIFE MEMBERSHIP ONLY Check here if this is a gift.
 Credit cards may **NOT** be used for initial payment of Annual Dues.
 Cash Check Visa MasterCard Discover AMEX
 Life Membership Fee
 Name on credit card
 Billing address for card
 City State ZIP
 Credit Card No.
 CVV Code Exp. Date
 Signature Date

LIFE MEMBERSHIP ONLY
 ACH (Bank withdrawl)
 Name of Bank
 Bank Routing No.
 Account No.
 Attach voided check HERE.
 (Required)

LIFE MEMBERSHIP FEES
 Life Membership fees are not refundable.
 Attained age by 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.
 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 attest that the above is true and correct to the best of my knowledge, including my stated relationship to the Veteran.

Signature (Must be signed by all members.)