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.)**

VFW Auxiliary HQ Revised 12/2016