

# VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

Recruited/Recommended by:

Recruiter Member ID

Auxiliary No. **2667**

City **Newnan**

State **GA**

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: \_\_\_\_\_

*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.*

Investigating Committee Signatures

1  Per Section 102 of the National Bylaws. 2  Rejected 3  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 withdrawal)*  
 Name of Bank \_\_\_\_\_  
 Bank Routing No. \_\_\_\_\_  
 Account No. \_\_\_\_\_  
 Attach voided check HERE.  
*(Required)*

**LIFE MEMBERSHIP FEES**  
 Life Membership fees are not refundable.  
 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.)*