



VFW Auxiliary

**So you want to be
an
Auxiliary Treasurer**



VFW Auxiliary

IRS

- 8822-B @ irs.gov
- IRS on MALTA
- Did you lose your tax-exempt
- 990-N User guide (for new Treasurers)
- W-9 (change banks)
- Blanket Exemption



VFW Auxiliary

VFW Auxiliary Member Change/Update Form

Rev. 8-18

REQUIRED FIELDS:
Member's Current Name Beverly Laltrella Membership ID No. 3446967
Current Address 2516 Southwest 32nd Street
E-mail Address smityworld1@comcast.net Phone Number (609) 2146526
Current Auxiliary # 6964 Department of NJ Date of Birth 08/16/1960

NAME CHANGE Former Name: First Beverly Last Smith

ADDRESS CHANGE

CONTINUOUS ANNUAL DUES (We recommend using the Membership Summary Form for multiple dues payments.)

CONVERT TO LIFE MEMBER

Life Membership Fee \$ _____

Check here if this is a gift. It will be mailed to the Auxiliary Treasurer.

Payment Methods:

Check: Make check payable to: **VFW Auxiliary**

Credit Card VISA MasterCard Discover AMEX

Name as it appears on the card: _____

Address associated with the card holder: _____

Credit Card Number _____

CVV Code _____ (3 digit code shown on back of credit card) Expiration _____ / _____
Month / Year

Card Holder's Signature _____ Date _____

ACH (Bank withdrawal) Name of Bank _____ Routing Number _____

Attached voided check HERE (required) Account Number _____

REPLACE MY MEMBER CARD

\$5 Annual \$10 Life

NAME CHANGES OR LOST CARD REQUESTS MUST BE ACCOMPANIED BY A CHECK made payable to VFW Auxiliary or complete the payment information above if using a credit card or ACH. Please send directly to National Headquarters at 406 W. 34th St., 10th Floor, Kansas City, MO 64111. You can also order a replacement card online in MALTA by visiting vfwauxiliary.org and selecting "Member Login."

DEATH REPORT Date of Death _____

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

Membership Change Form



VFW Auxiliary

VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY MEMBERSHIP SUMMARY FORM



VFW AUX NO.: 2473 DEPARTMENT OF: FL LOCATION: Clearwater

MEMBERSHIP YEAR: 2023 DATE: 07/06/22 REPORT NO: 1

For New and Rejoining Members (Annual and Life) include a copy of their membership application.

Membership Summary Form

	NAME	MEMBER NO.	CONT	NEW	REJOIN	LIFE	CK #	AMOUNT
1	Laurel Street			X		X	10001	132.00
2	Dwayne Mister			X		X		CC
3	Brenda Trine	2000054897			X		10001	161.00
4	Jessica Bohm	2000456123			X			ACH
5	Angela Hatte			X			10002	12.00
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
TOTALS								\$305.00

AMOUNT SENT	
LIFE MEMBERSHIP	\$293.00
DEPARTMENT (ANNUAL)	\$ 7.00
NATIONAL (ANNUAL)	\$ 5.00
TOTAL	\$305.00

Make checks payable to your Department.

Susan Russell
Auxiliary Treasurer Name

igotthis21@gmail.com
E-mail Address

727-567-9876
Telephone No.

By submission of this form, I hereby certify that all Bylaws have been followed and the members reported on this form have paid the dues listed.



VFW Auxiliary

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 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 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	\$194
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 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 **Date** *(Must be signed by all members.)*

Membership Application & Transfer Form



VFW Auxiliary

