

VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

An incomplete application could delay your membership start date.

Applicant completes sections A, B, C or D and F. Auxiliaries/Departments complete section E.

A Recruited/Recommended by: _____ Recruiter Member ID _____
Auxiliary No _____ City _____ State _____ Member ID (If already a member) _____
☐ Annual Membership ☐ Rejoin
☐ Life Membership ☐ Transfer
☐ Member at Large in Department of _____ ☐ Member at Large - VFW Auxiliary National Headquarters
(If not a transfer, skip to B.)
☐ **LIFE MEMBER TRANSFER** Previous Auxiliary _____
☐ **ANNUAL TRANSFER** ☐ Previous Auxiliary _____ ☐ Paying ☐ Nonpaying
☐ **ANNUAL TRANSFER CONVERTING TO LIFE** (Fill out Life Membership information below.) Previous Auxiliary _____

B THESE FIELDS REQUIRED
Name: _____ Date of Birth: ____/____/____
Address _____ Female ____ Male ____
City: _____ State _____ ZIP _____ Phone: _____ Email _____

C POST-AFFILIATED (*Must be a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)
Relationship _____ to Eligible Veteran* _____ VFW Membership ID _____

THESE FIELDS REQUIRED

D NON-AFFILIATED (*Veteran is not a current 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: _____

E Investigating Committee Signatures

1 X _____ 2 X _____ 3 X _____
Per Section 102 of the National Bylaws. ☐ Rejected ☐ Accepted Meeting Date _____ Obligated Date _____

F By signing this, I agree to the stated charges for a Life Membership fee.

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 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 _____

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: ____/____/____ Date: _____ Signature: X _____

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