

VFW AUXILIARY MEMBERSHIP MOMENT

How to Ensure a Membership Application is Complete

GETTING STARTED

One of the most critical steps in considering a new member for the VFW Auxiliary is the careful review of the prospective member's application details by a three-member Investigating Committee appointed by the Auxiliary President (as outlined in Section 102 of the VFW Auxiliary Bylaws and Ritual).

As an exclusive veterans' service organization, the VFW Auxiliary must ensure that every prospective member's eligibility has been thoroughly vetted by an Investigating Committee before any action can be taken on the application. According to Page 1 of the VFW Auxiliary Booklet of Instructions, "it is the duty of the Investigating Committee to see that the applications are filled out completely before they are presented to the body for consideration." The following fields are to be completed on each application:

- Recruited by
- Auxiliary Name and Number
- Kind of Membership (annual, life, etc.)
- State
- Name (spelled correctly)
- Date of Birth
- Address
- Gender
- City, State, Zip
- Phone
- E-mail

- Post Affiliated or Non-Affiliated
- Relationship
- Veteran (name)
- Post Number (if applicable)
- Name of campaign ribbons or medals
- Foreign Service dates
- Location
- Applicant's signature and date
- Signatures of the Investigating Committee (at least 2)
- Signature line following the Obligation

INVESTIGATING COMMITTEE DUTIES

In addition to the prospective member's application, it is the responsibility of the Investigating Committee to review proof of honorable service of the eligible veteran, unless he/she is a member of the VFW Post to which the applicant is applying for membership.

Proof of the veteran's honorable service in any foreign war, insurrection or expedition (as a member of the U.S. Armed Forces) may be determined through careful examination of a Separation Document (DD214) with a VFW-authorized campaign or service medal of the United States; receipt of Hostile Fire or Imminent Danger Pay, as verified by a copy of a Leave and Earning Statement (LES) issued by the U.S. Armed Forces; or service in Korea for 30 consecutive/60 non-consecutive days after June 30, 1949.

Performance reports, travel orders, medical orders, medals reports, morning reports, assignment listings, buddy affidavits, and letters from a foreign war zone may also be reviewed if a DD214 is not available. For veterans pre-1946, a report of their discharge listing the medals and decorations that were earned is acceptable proof

For soldiers currently on active duty, they will not have a DD214. In those cases, the appropriate orders showing overseas deployment to a qualifying area, or awarding of an authorized campaign medal, or a LES showing Hostile Fire/Imminent Danger pay will suffice to prove eligibility

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: Auxiliary No 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 R THESE FIELDS REQUIRED 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.) to Eligible Veteran* VFW Membership ID Relationship THESE FIELDS REQUIRED NON-AFFILIATED (*Veteran is not a current member of the VFW Post affiliated with the Auxiliary to which you are applying.) Relationship: VFW Post (If applicable): _____ Name of campaign ribbons or medals: Dates of Service:____ ___ to ____ Location: __ F Investigating Committee Signatures 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 **MEMBERSHIP** organization cease in any way, I will consider this obligation as binding outside of the organization as though I had remained a member. I FEES 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. lattest 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 Attained age at 12/31 of year applying for Life Membership. Through 20 \$253 21-25 \$242 26-30 \$230 LIFE MEMBERSHIP ONLY Check here if this is a gift. 31-35 \$219 36-40 Credit cards may NOT be used for initial payment of Annual Dues. 41-45 Cash Check Visa MasterCard Discover AMEX 46-50 \$196 Life Membership Fee 51-55 \$184 56-60 \$173 Name on credit card 61-65 66-70 \$150 Billing address for card 86.90 989 CVV Code _____ Credit Card No. 91 and over \$58 Exp. Date: _____ Signature:X____ Revised May 2022

An incorrectable production sould defer your membership plant date Applicant completes sections A, B, C or D and F. Auxiliaries/Departments complete section E. Recruited Recommended by Recruiter Member ID Auditory No. Member ID (Falwary amening) Annual Membership Rejoin Life Membership Transfer Member at Large in Department of Member at Large - VFW Ausliany National Headquarters (if not a transfer, skip to B.) LIFE MEMBER TRANSFER Previous Auxiliary ANNUAL TRANSFER Previous Auxiliary ANNUAL TRANSFER CONVERTING TO LIFE FOR mall the Manufacture Indianal Province Austriany THESE PIELDS REQUIRED 8 Date of Birth Fernale Male Address POST-AFFILIATED (Must be a current member of the VPVP Pool affiliated with the Austlary in which you are applying) Relationship to Eligible Veteran* VFW Membership ID THESE FISLDS REQUIRED NON-AFFEJATED ("Unbranch rold a current manufact of the VPSP Pool affiliated with the Justillary in which you are applying.) Relationship to Eligible Veteran* VFW Post (Faustralia) Name of campaign ribbons or medals: Dates of Service: Investigating Committee Signatures Per Section 102 of the National Bylavis. Rejected Accepted Meeting Date Obligated Date By algoing this, Lagree in the stated charges for a Life Stembership bea. OBLIGATION In the presence of fibrigity End and the manders of this organization here assembled, I do of my own fee will and assembly promise that I will never enough of defeated this organization nor a member thereof nor partial other to be surrouged from my LIFE power to prevent if I sall never propose for membership any person not eligible, according to our Bylann. I further sinte that I believe in Davi MEMBERSHIP I will be faithful in the United Extent of America, stientent in the laws and loyel to the Flag. Elevate my membership with this organization FEES cease in any may, I will consider this skilgation as binding suitable of the organization as though I had remained a member. I do so promise. I allow that I are at least 16 years of one Authors to comply with the Stational Bulleton of the Velecton of Foreign Wiles of the United Bulleton Australian I plead I are not eligible for recommending to the VPW I buffer plead that the above is buy and correct to the best of two impactage, including the signal. Alliahend age at 13:31 redefensible to the Universe. of your assisting for Signature X Through 20 E353 Management of territory 21.28 E242 LIFE MEMBERSHIP ONLY Check here if this is a gift. 36.40 Conditionals may NOT be sond for Initial payment of denual Dum. Cash Check I les MasterCard Discover AMEX Life Membership Fee 45.50 \$7.96 91.46 96.40 Name on credit card 41.48 \$3.67 86.70 71.79 \$1.50 \$1.30 Billing address for card 75.40 E108 State ZIP CVV Code Credit Card No. Of and now Did. Exp. Date Date Signature X Revised May 2022

VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

PART A:

Recruited or recommended by: The individual who is recommending (recruiting) the applicant for membership to the auxiliary.

The individual recommending the applicant cannot be one of the Investigating Committee members signing the application.

Recruiter Member ID: This is the Recruiter's Member ID. National now keeps track of this for auxiliary recruiters and they will mail Recruiter pin(s) when the criteria has been met. If the Recruiter Member ID is missing or incorrect, it will not be entered into MALTA at the time of processing.

Auxiliary Number: is the VFW Auxiliary No the member is joining/transferring to .

City: The city in which the Auxiliary is located.

State: The State which the Auxiliary is located in (Florida)

Member ID (if already a member): If the applicant is a current, lapsed or former member of another auxiliary, their Membership ID

number must be provided.

An incomplete application could delay your membership start date.

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

Recruited/Recommended by:

Auxiliary No.

City

State

Member ID (If already a member)

This form is for



VFW Members only

for recruiting members to the VFW Auxiliary 2023-2024

- Lights, Camera, Action Pin to each Veterans of Foreign Wars member who recruits five (5) new members to the VFW Auxiliary from July 1, 2023 through May 31, 2024*. Due to VFW Auxiliary Department Treasurer by June 10, 2024. Pin will be mailed directly to the VFW member from National Headquarters.
- National Membership Achievement Award to each Veterans of Foreign Wars member who recruits twenty (20) new members to the VFW Auxiliary from July 1, 2023 May 31, 2024*. Due to VFW Auxiliary Department Treasurer by June 10, 2024. Award will be mailed directly to the VFW Recruiter from VFW Auxiliary National Headquarters.

	VFW Recruiter's Name: VFW Post Number:					
VFW Recruit	ter's Addre	SSS:				
			VEW Pa	City State	2F Code	
Number	Date*	ership Number: New Auxiliary Member Name	VEWNO	Auxiliary Membership Number	Auxiliary Number	
	Date	New Auxiliary Member Name		Addition the number	Authory Humber	
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2						
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Completed form must be received at VFW Auxiliary National Headquarters by June 10th, 2024.

Email to info@vfwauxiliary.org
or mail to

VFW Auxiliary National Headquarters, 406 W. 34th Street, 10th Floor, Kansas City MO 64111 ATTN: Program Awards Administrator

PART A:

Annual Membership: If the applicant is obligated at any time after July 1, the dues paid shall be for the next succeeding calendar year. If the applicant is obligated any time prior to July 1, the current year dues must be paid and then before 12/31, the next succeeding year's dues must also be paid. Membership run from January 1 to December 31.

Rejoin: is someone who has not paid their dues by June 30th. Starting July 1^{st,} they must start the process over again as a new member.... but will retain the same Membership ID number.

Life Membership: Lifetime members pay a one-time membership fee based upon their age at the time of joining the auxiliary. The life membership fees are located on the lower right-hand side of the application.

Transfer: is a member who is relocating from one Auxiliary to another. They do not need to provide a DD214 per the bylaws or proof of eligibility as they are already a member, but they MUST provide a <u>copy</u> of their current Auxiliary Membership card **Member at large Department of _i.e.**, Florida_: Fill in the state. This is an auxiliary member who has no affiliation with any Auxiliary within the State where they are a member.... i.e., Florida. Example, if an auxiliary has their charter pulled, members who do not transfer to another auxiliary will be automatically become a Member at Large in the Department of Florida. **Member at large -VFW Auxiliary National Headquarters:** this is a member who has no affiliation with any Auxiliary or State.

Α	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

PART A: (Continued)

Life Member Transfer Previous Auxiliary: Check this box if a lifetime member is transferring into your auxiliary. You must provide the Auxiliary No from where they are transferring from and if auxiliary is from another state, you must also provide the State where the Auxiliary is located.

Annual Transfer Previous Auxiliary: Check this box if a current annual member is transferring into your auxiliary. You must provide the Auxiliary No from where they are transferring from and if auxiliary is from another state, you must also provide the State where the Auxiliary is located.

Paying or Not Paying: If the member has not yet paid their annual dues, they must pay at the time of transfer.

Annual transfer converting to life: The member is a current annual member and wants to rejoin/transfer as a Life Member. The

Auxiliary No and State, if other than Florida, where the member is transferring from must be provided



PART B:

Name: As they want it on the card **Date of Birth:** Must be provided

Address: Where mail is received **Female** or **Male** Check the appropriate box

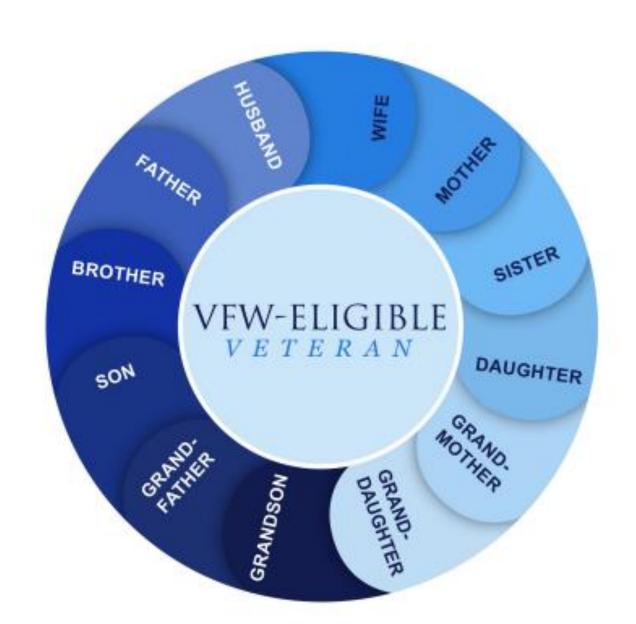
City/State and Zip: Where mail is received

Phone number and Email address: If no phone number or email address indicate "NONE" Please ensure that the email

address is clearly written.

В	THESE FIELDS REQUIRED —				
	Name				Date of Birth
	Address				Female Male
	City	State	ZIP	Phone	Email

VFW Auxiliary Eligibility Wheel



PART C:

Post-Affiliated: Check this box if the applicant is joining the Auxiliary under a current VFW member from your Post.

Relationship: Mother, Father, Sister, Brother etc.. **To Eligible Veteran**: the veteran's name **VFW Membership ID**: The VFW member must be a current member of the VFW Post (not deceased) and the VFW Membership ID # must be provided.

С	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				



PART D:

Non-Affiliated: the eligible veteran is not a member of the VFW Post to which the applicant is joining

Relationship: Mother, Father, Sister, Brother etc.... **To eligible Veteran**: the veteran's name

Name of campaign and any ribbons or medals: As found on DD214 or other paperwork available. You should always reference the National Auxiliary Bylaws page 6-11 and follow the guide in determining eligibility.

Note: There is no need to list all medals/ribbons, only those that qualify the veteran for the VFW, i.e., Vietnam Service Medal, Asiatic-Pacific Campaign, American Campaign, Korean Service Medal)

Dates of Service: the day they joined the military to the day they separated from the service.

Location: Foreign location where the veteran served....not the base where they served after returning to US

D	NON-AFFILIATED (*Veteran	st affiliated with the Auxiliary to which you are applying.)	AUXILIARY	
	Relationship	to Eligible Veteran*	VFW Post (If applicable)	
	Name of campaign ribbons o	r medals:		
	Dates of Service:	to	Location:	

PART E:

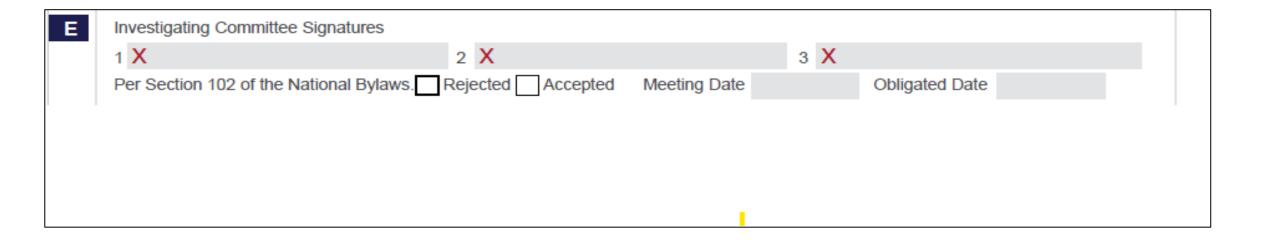
Investigating Committee Signatures: Must have at least two (2) Investigating Committee signatures and cannot also be listed as the Recruiter (Refer to Section 102 of the National Bylaws)

Rejected: the applicant was not approved by a vote of the auxiliary to become a member

Accepted: the applicant was approved by a vote of the auxiliary to become a member

Meeting Date: The meeting date that the application was rejected or approved by the members. This date must be included on the application before sending to Department for processing.

Obligated Date: This is the date the applicant signed the OBLIGATION at the bottom of the Membership application or the Meeting Date if you are unsure of the signature date.



PART F:

Obligation: this is the obligation from the applicant/member to the auxiliary and their attest that all the information on the application is true and correct.

Signature and Date: the applicant/member's signature and date of signature



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 X



Date

(Must be signed by all members.)

Life membership Credit Card: LIFE MEMBERSHIP ONLY. (Initial payment for an annual membership cannot be paid by credit card) Check here if this is a gift: It will be sent to the Auxiliary Treasurer's address. Check the box.

What kind of credit card it is. You will check the box that applies.

Amount of the life membership: The life membership fees are located on the bottom right side of the application. Use the applicate will be by 12/31 of the year they are becoming a member.

Name: Exactly as it appears on the credit card

Address: The **exact** address that is on the credit card account. C**ity, State and Zip Code:** Associated with the credit card account **The Credit Card No:** American Express has 15 and all other have 16. If possible, ask to see the credit card and verify that the correct number is provided and is printed clearly.

CVV Code: Is found on the back of the card it is a 3-digit number or 4-digit for American Express. Make sure this is printed clearly **Exp Date**: When the credit card expires. **Date**: of when the member is signing **Signature**: Must be the Signature of the Credit Card.

Credit cards may NOT be used for initial			PRINT CLEARLY!	!!!!
Cash Check Visa	MasterCard Dis	cover		Life Membership Fee
Name on credit card				
Billing address for card				
City	State	ZIP		
Credit Card No.			CVV Code	
Exp. Date	Date	Signat	ture 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

Revised May 2022

Life membership fee: This is the cost of a life membership use the age of the applicate will be by 12/31 of the year they are becoming a member.

Noticed the Revision Date: in the bottom is May of 2022. There should be no other applications used.



VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

Recruited/Recommended by: Ma	arv Member		Recruiter Membe	er ID 2000000	0011
		State FL	Member ID (If alre	eady a member)	
Annual Membership Re	join				
✓ Life Membership Tra	ansfer				
Member at Large in Departme	ent of	Member at La	rge - VFW Auxilia	ry National Heado	uarters
(If not a transfer, skip to B.)		==0.			
LIFE MEMBER TRANSFER	Previous Auxiliary				
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THESE FIELDS REQUIRED					
Name Jane Applicant					06/17/1959
Address 123 Main Street	10.1 To 10.1 T			✓ Female	
City Tampa	State FL ZIP 3344	Phone 72	27555555	Email applican	tjane@gmail
POST-AFFILIATED (*Must be a	a current member of the VFW Post affili to Eligible Veteran*	lated with the Auxilia		embership ID	
THESE FIELDS REQUIRED	to Eligible Veterall		AL AA IAI	embership ID	
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Relationship daughter Name of campaign ribbons or r Dates of Service: 10/1942 Investigating Committee Signature 1 X on file Per Section 102 of the National By signing this, I agree to the stated charges for BLIGATION in the presence of Almight cord, solemnly promise that I will never work were to prevent it. I will never propose for r ill be faithful to the United States of Americae in any way, I will consider this obligate test that I am at least 16 years of age. I pled test I am of eighbe for membership in the V ationship to the Veteran. gnature X on file (Must be signed by all members.)	to Eligible Veteran* John Almedals: European—Africa to 12/1944 es 2 X on file ylaws. Rejected Accepte or a Life Membership fee. ty God and the members of this organization nor a membership any person not eligible, as ca, obedient to the laws and loyal to the organization to a rembership and ustide of the organization to repain as binding outside of the organization to repain the organization to the laws and loyal to the laws and la	pplicant an— Middle E Local L	VFW Post Eastern Camp cation: German 3 X 01 ate 9/15/2023 bled, I do of my own fin permit either to be ws. Ifurther stabe w ws. Ifurther stabe w membership with this remained a member. I ging Wars of the United of set of my knowledge, in	(If applicable) aign (EAME) ny/France n file Obligated Date ee will and ronged if in my to believe in God. organization do so promise. States Auxiliary.	LIFE MEMBERSHIF FEES Life Membership fee are not refundable. Attained age at 12/3 of year applying for Life Membership. Through 20 \$255 21-25 \$242
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Relationship daughter Name of campaign ribbons or r Dates of Service: 10/1942 Investigating Committee Signature 1 X on file Per Section 102 of the National By signing this, I agree to the stated charges for BLIGATION In the presence of Almight cord, solemnly promise that I will never wire wer to prevent it. I will never propose for n ill be faithful to the United States of Americase in any way, I will consider this obligationship to the Veleran. gnature X on file [Must be signed by all members.] LIFE MEMBERSHIP ONLY Credit cards may NOT be used for initial per	to Eligible Veteran* John Almedals: European—Africa to 12/1944 es 2 X on file ylaws. Rejected Accepte Accepte and Accepte a	pplicant an- Middle E Lot ed Meeting D alization here assemit member thereof according to our Bylather Flag. Should my lon as though I had the Veterans of Fore e and correct to the b	VFW Post sastern Camp cation: German 3 X 01 ate 9/15/2023 bled, I do of my own fine permit either to be wis. I further state wis. I further state that memberathip with this iremained a member. I sign Wars of the United sast of my knowledge, including	(If applicable) aign (EAME) ny/France n file Obligated Date ee will and ronged if in my I believe in God. organization do so promise. States Auxiliary. cluding my stated	LIFE MEMBERSHIF FEES Life Membership fee are not refundable. Attained age at 123 of year applying for Life Membership. Through 20 \$253 21-25 \$242 26-30 \$230 31-35 \$219 36-40 \$213 41-45 \$201 48-50 \$196 51-55 \$184 56-60 \$173
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Relationship daughter Name of campaign ribbons or r Dates of Service: 10/1942 Investigating Committee Signature 1 X on file Per Section 102 of the National By signing this, I agree to the stated charges for BLIGATION In the presence of Almight cord, solemnly promise that I will never wire were to prevent it. I will never propose for m ill be faithful to the United States of Americae in any way. I will consider this obligate test that I am at least 16 years of age. I pled test I am not eligible for membership in the V ationship to the Veteran. gnature X on file (Must be separatly all members) LIFE MEMBERSHIP ONLY Credit cards may NOT be used for initial pu Cash Check Visa M Name on credit card Jane Ap	to Eligible Veteran* John Almedals: European—Africa to 12/1944 as 2 X on file ylaws Rejected Accepte or a Life Membership fee. by God and the members of this organ one or defauld this organization may be a made on a shinding outside of the organization on a shinding outside of the organization for FW. I further attest that the above is true. Check here if this is a gift. Syment of Annual Dues. MasterCard Discover Annual Dues. MasterCard Discover Annual Dues.	pplicant an— Middle E Loc ed Meeting D mixation here assemin member thereof no coording to our Byla the Flag. Should my ion as though I had. the Veterans of Fore e and correct to the be Date 9/2	VFW Post sastern Camp cation: German 3 X 01 ate 9/15/2023 bled, I do of my own fine permit either to be wis. I further state wis. I further state that memberathip with this iremained a member. I sign Wars of the United sast of my knowledge, including	(If applicable) aign (EAME) ny/France n file Obligated Date ee will and ronged if in my I believe in God. organization do so promise. States Auxiliary. cluding my stated	LIFE MEMBERSHIF FEES Lie Membership fee are not refundable. Attained age at 12/3 of year applying for Life Membership. Through 20 \$253 21-25 \$242 26-30 \$230 31-35 \$219 36-40 \$213 36-40 \$213 41-45 \$201 46-50 \$198 51-55 \$184 56-60 \$173 61-65 \$161 66-70 \$150

VIW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

n incomplete eppication could delay your membership standale. pplicant completes sections A, B, C or D and F. Auxiliaries/Departments complete section E.	
	1000011
Auxiliary No. /234 City State Member ID (If already a mamber)	
Annual Membership Rejoin	
Cife Membership Transfer	
Member at Large in Department of Member at Large - VFWAuxiliary National Heads	quarters
(If not a transfer, skip to B.)	quantors
LIFE MEMBER TRANSFER Previous Auxiliary	
The state of the s	
ANNUAL TRANSFER Previous Auxiliary Paying Nonpaying	1
ANNUAL TRANSFER CONVERTING TO LIFE (FIll out Life Membership Information below.) Previous Auxiliary	
THESE FIELDS REQUIRED	
Name Date of Birth	06/17/1959
Name Janearopher That 3 Date of Birth Address 123 Main St April 3	06/17/1959 e Male
City Tayou State C ZIP 3344240ne 727555555 Email applica	est in Co
1 mysec 27199 10133333 197211	and and
POST-AFFILIATED ("Must be a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)	grow
Relationship to Eligible Veteran* VFW Membership ID	
THESE FIELDS REQUIRED	
NON-AFFILIATED ("Veteran is not a current member of the VFW Poet effiliated with the Auxiliary to which you are epplying.)	
Relationship aughter to Eligible Veteran Lofen Conficuration VFW Post (11 applicable)	
Name of campaign ribbons or medals: EAME	
Dates of Service: 10/42 to 12/44 Location: Germany / Fr	core
Investigating Committee Signatures	
1 X Confidence 3 X Delical	ere
Per Section 102 of the National Bylaws. Rejected Accepted Meeting Date 9/15/23 Obligated Date	9/15/23
By algning 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 end accord, solemnly promise that I will never wrong or defreud this organization nor a member thereof nor permit either to be wronged if in my	LIFE
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.	MEMBERSHIP FEES
page in any way. I will consider this obligation as binding outside of the organization as though a had remained a member, a do so promise.	Life Membership fees are not refundable.
A least of years of each I piedge to comply with the National Rylaws of the Velerans of Foreign Wars of the United States Applicant	Attained are at 12/31
attest that I am at least 16 years of age. I piedge to comply with the Netional Bylaws of the Veterans of Foreign Wers of the United States Auxiliary. attest I am not eligible for membership in the VFV/. I further attest that the above is true and correct to the best of my knowledge, including my stated	
attest that I am at least 16 years of age. I piedge to comply with the Neltonel Bylaws of the Velorans of Foreign Wers of the United States Auxiliary, attest I am not eligible for membership in the VFW. I further sitest that the above is true and correct to the best of my knowledge, including my stated elationship to the Vigitizan.	of year applying for Life Membership.
attest that I am at least 18 years of ege. I piedge to comply with the Neltonel Bylaws of the Velorans of Foreign Wers of the United States Auxiliary, lettest I am not eligible for membership in the VPVV. I further attest that the above is true and correct to the bast of my knowledge, including my stated relationship to the Veloran.	Through 20 \$253
latest that I am at least 16 years of age. I pladge to comply with the Neltonel Bylavs of the Velorans of Foreign Wens of the United States Auxiliary. I settled I a related 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 Veloran. Signature Date 9/2/2023	Through 20 \$253 21-25 \$242 26-30 \$230
attest that I am at least 16 years of age. I piedge to comply with the Neltonel Bylaws of the Velorans of Foreign Wers of the United States Auxiliary, attest I am not eligible for membership in the VFW. I further sitest that the above is true and correct to the best of my knowledge, including my stated elationship to the Vigitizan.	Through 20 \$253 21-25 \$242 28-30 \$230 31-35 \$219 38-40 \$213
attest that I am at least 18 years of age. I pladge to comply with the National Bylaws of the Velorans of Foreign Wars of the United States Auxiliary, aftest if 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 signature Date 9/2/2023 LIFE MEMBERSHIP ONLY Check here if this is a gift.	Through 20 \$253 21-25 \$242 28-30 \$230 31-35 \$219 38-40 \$213 41-45 \$201 46-50 \$198
l ettest that I am at least 18 years of age. I pladge to comply with the Netional Bylans of the Velorans of Foreign Wens of the United States Auxiliary. I aftest it 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 Veloran. Signature X Date 9/2/2023 LIFE MEMBERSHIP ONLY Check here if this is a gift. Credit cerds may NOT be used for initial payment of Annual Dues. Cash Check Visa MasterCard Discover AMEX 16 Life Membership Fee	Through 20 \$253 21-25 \$242 28-30 \$230 31-35 \$219 38-40 \$213 41-45 \$201 48-50 \$198 51-55 \$184 58-80 \$173
Life at Man at least 18 years of age. I pladge to comply with the Netional Bylaws of the Velorans of Foreign Wens of the United States Auxiliary, I altest 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 Veloran. Signature LIFE MEMBERSHIP ONLY Credit cards may NOT be used for initial payment of Annual Dues. Cash Check Disa MasterCard Discover AMEX Name on credit card JANE APP/ICANT	Through 20 \$253 21-25 \$242 26-30 \$230 31-35 \$219 38-40 \$213 41-45 \$201 46-50 \$196 51-55 \$184 58-80 \$173 61-85 \$150
lettest that I am at least 18 years of age. I pladge to comply with the Netional Bylans of the Velorans of Foreign Wens of the United States Auxiliary. I aftest it 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 Veloran. Signature X Date 9/2/2023 LIFE MEMBERSHIP ONLY Check here if this is a gift. Credit cerds may NOT be used for initial payment of Annual Dues. Cash Check Miss MasterCard Discover AMEX 16/6 Life Membership Fee Name on credit card JANE APP/ICANT Billing address for card 123 MAM ST APT 3	Through 20 \$253 21-25 \$242 28-30 \$230 31-35 \$233 41-45 \$213 41-45 \$213 41-45 \$3190 51-55 \$1194 85-60 \$173 61-85 \$110 86-70 \$150 71-75 \$132 76-80 \$109
LIFE MEMBERSHIP ONLY Credit cards may NOT be used for initial payment of Annual Dues. Credit cards may NOT be used for initial payment of Annual Dues. Name on credit card. JANE APPICANT Billing address for card. 123 MAM. ST. APT. 3 City Jampa Life payment of Annual St. State FZ. ZIP 33444	Through 20 \$253 21-25 \$242 28-30 \$230 31-35 \$230 31-35 \$230 31-35 \$213 41-45 \$201 46-50 \$196 51-55 \$184 56-80 \$173 61-85 \$150 71-75 \$150 71-75 \$102 76-80 \$109 81-85 \$88 86-90 \$69
LIFE MEMBERSHIP ONLY Check here if this is a gift. Credit cards may NOT be used for initial payment of Annual Dues. Cash Check Misa MasterCard Discover AMEX 16 Life Membership Fee Name on credit card JANE APP/ICANT Billing address for card 123 MAM ST APT 3 City AMPL State O COOL 0001 00055 CVV Code 1233	Through 20 \$253 21-25 \$242 28-30 \$230 31-35 \$219 36-40 \$213 41-45 \$201 40-50 \$190 51-55 \$184 56-80 \$173 81-85 \$181 86-70 \$173 71-75 \$132 76-80 \$109 81-85 \$88
LIFE MEMBERSHIP ONLY Credit cards may NOT be used for initial payment of Annual Dues. Credit cards may NOT be used for initial payment of Annual Dues. Name on credit card. JANE APPICANT Billing address for card. 123 MAM. ST. APT. 3 City Jampa Life payment of Annual St. State FZ. ZIP 33444	Through 20 \$253 21-25 \$242 28-30 \$230 31-35 \$230 31-35 \$230 31-35 \$213 41-45 \$201 46-50 \$196 51-55 \$184 56-80 \$173 61-85 \$150 71-75 \$150 71-75 \$102 76-80 \$109 81-85 \$88 86-90 \$69

VFW Auxiliary Member Chan	ge/ Update Form Res. 8-18
REQUIRED FELDS: Member's Current Name Current Address	Membership ID No.
E-mail Address	Phone Number ()
Current Auxiliary # Department of	Date of Birth
NAME CHANGE Former Name: First	Last
ADDRESS CHANGE	
CONTINUOUS ANNUAL DUES (We recommend using the Membe	
CONVERT TO LIFE MEMBER	EFFECTIVE 1/4/2011 Attained age at 13/81 of year applying for Life the interview hip.
Life Membership Fee Ş	Through 20 \$258 21-25 \$362 36-80 \$280
Check here if this is a gift. It will be mailed to the Auxiliary Treasurer.	81-85 5219 86-80 5218
Forment Methods	61-65 \$201
	66-50 \$296 \$2-55 \$284
Check: Make check payable to: VPW Auxiliary	56-60 5173
Credit Card VSA MasterCard Discover	AMEX 61-65 \$361
	66-70 \$150 71-75 \$182
Name as it appears on the card:	76-80 \$109
Address associated with the card holder:	83-85 \$86
Parties associated with a related flower.	86-90 568 95 and over \$58
Credit Card Number	
CVV Code (3 digit code shown on back of credit card) Expi	
	Month / Year
Card Holder's Signature	Date
ACH (Bank withdrawal) Name of BankR	
Attached voided check HERE (required) Account Number	
SS Account CODE in Section 2015 to National Headqua	QUESTS MUST BE ACCOMPANIED BY A CHECK made payable to meet information above if using a credit card or ADK. Please rises at 40% W. 30° SE, 20th Floor, Kansas City, MD 64111. Cand online in MACTA by visiting vivousitory.org and selecting
DEATH REPORT Date of Death	

If using one (1) transmittal for all applications being submitted, categorize the applications..

- 1. All Annual Applications paid by check
- 2. All Life Membership Applications paid by check
- 3. All Applications being paid by credit cards

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



VFW AUX NO.:	DEPARTMENT OF:	LOCATION:	
MEMBERSHIP YEAR:	DATE:	REPORT NO:	

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

	NAME	MEMBER NO.	CONT	NEW	REJOIN	LIFE	CK#	AMOUNT
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
	TOTAL	5						

AMOUNT SENT	

Make checks payable to your Department.

Auxinuty	Treasurer Na	me.	
E-mail A	ddress		
Telepho			

Preferred Method...

- All Annual and Life
 Membership Applications
 paid by check listed on
 same transmittal but listed
 categorically
- 2. All Applications being paid by credit cards listed on separate transmittal

VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY

MEMBERSHIP SUMMARY FORM



VFW AUX NO.: 1234	DEPARTMENT OF: Florida	LOCATION: Tampa
MEMBERSHIP YEAR: 2024	DATE: 9/15/2023	REPORT NO: 4

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

	NAME	MEMBER NO.	CONT	NEW	REJOIN	LIFE	CK#	AMOUNT
1	Jane Applicant		Х	Х				12.00
2	John Applicant			Χ	Х			12.00
3	Mary Doe		Х	Χ				12.00
4	Frank Doe			Х		Х		83.00
5	Bob Member			X		Х		109.00
6	Sue Happy			Χ		Χ		109.00
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20						_		
	TOTAL	S						337.00

AMOUN	IT SENT
LIFE MEMBERSHIP	301.00
DEPARTMENT (ANNUAL)	21.00
NATIONAL (ANNUAL)	15.00
TOTAL	337.00

Make checks payable to Dept of FLVFWA

Cindy Estell	
Auxiliary Treasurer Name	
cc@gmail.com	
E-mail Address	
7272222222	
Telephone No.	

VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY

MEMBERSHIP SUMMARY FORM



VFW AUX NO.: 1234	DEPARTMENT OF: Florida	LOCATION: Tampa
MEMBERSHIP YEAR: 2024	DATE: 9/15/2023	REPORT NO: 4

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

	NAME	MEMBER NO.	CONT	NEW	REJOIN	LIFE	CK#	AMOUNT
1	Jane Applicant			X		X	CC	
2	John Applicant			X		Χ	CC	
3	Mary Doe			Χ		Χ	CC	
4	Frank Doe			X		Χ	CC	
5	Bob Member			X		X	CC	
6	Sue Happy			X		Χ	CC	
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
	TOTAL	S						

AMOUNT SENT				
LIFE MEMBERSHIP				
DEPARTMENT (ANNUAL)				
NATIONAL (ANNUAL)				
TOTAL	CREDIT CARDS			

Make checks payable to Dept of FL VFWA

Cindy Estell
Auxiliary Treasurer Name
cc@gmail.com
E-mail Address
727222222

Telephone No.

Membership can help for years to come

