

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 APPLICATION

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 _____

D ☐ **NON-AFFILIATED** ("Veteran is not a current member of the VFW Post affiliated with the Auxiliary to which you are applying.")
THESE FIELDS REQUIRED
 Relationship _____ to Eligible Veteran* _____ VFW Post (if applicable) _____
 Name of campaign ribbons or medals: _____
 Dates of Service: _____ to _____ Location: _____

E Investigating Committee Signatures
 1 ☒ 2 ☒ 3 ☒
 Per Section 102 of the National Bylaws. ☐ Rejected ☐ Accepted Meeting Date _____ Obligated Date _____

F **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 _____
(Must be signed by all members.)

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 ☒ _____

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

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

Revised February 2024

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.

A

Recruited/Recommended by:

Mary Recruiter

Recruiter Member ID

20003332221

Auxiliary No.

9272

City

Seminole

State

Florida

Member ID (if already a member)

EXAMPLE

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 1st, 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.

A

<input type="checkbox"/> Annual Membership	<input type="checkbox"/> Rejoin
<input type="checkbox"/> Life Membership	<input type="checkbox"/> Transfer
<input type="checkbox"/> Member at Large in Department of <input type="text"/>	<input type="checkbox"/> Member at Large - VFW Auxiliary National Headquarters
(If not a transfer, skip to B.)	
<input type="checkbox"/> LIFE MEMBER TRANSFER	Previous Auxiliary <input type="text"/>
<input type="checkbox"/> ANNUAL TRANSFER	<input type="checkbox"/> Previous Auxiliary <input type="text"/> <input type="checkbox"/> Paying <input type="checkbox"/> Nonpaying
<input type="checkbox"/> ANNUAL TRANSFER CONVERTING TO LIFE	(Fill out Life Membership information below.) Previous Auxiliary <input type="text"/>

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

A TRANSFERS

(If not a transfer, skip to B.)

<input type="checkbox"/>	LIFE MEMBER TRANSFER	Previous Auxiliary	
<input type="checkbox"/>	ANNUAL TRANSFER	<input type="checkbox"/> Previous Auxiliary	<input type="checkbox"/> Paying <input type="checkbox"/> Nonpaying
<input type="checkbox"/>	ANNUAL TRANSFER CONVERTING TO LIFE	(Fill out Life Membership information below.) Previous Auxiliary	



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.

B

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.

Important Reminder: *The VFW Member the applicant is joining under as a 'Post-Affiliated' must be a member of the same VFW Post associated with the Auxiliary accepting the application.*

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.

C	<input type="checkbox"/>	POST-AFFILIATED (*Must be a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)				
	Relationship	<input type="text"/>	to Eligible Veteran*	<input type="text"/>	VFW Membership ID	MUST BE PROVIDED



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

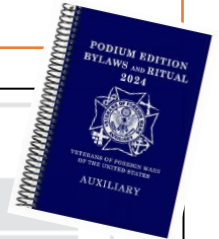
Name of campaign and any ribbons or medals: As found on DD214 or other paperwork available. You should always reference the [National Auxiliary Bylaws page 6-11](#) and follow the guide in determining eligibility.

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

THESE FIELDS REQUIRED			
D	<input type="checkbox"/>	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:



NOTE: The following does not qualify the applicant for the VFW Auxiliary under the service of their veteran:

- National Defense Medal
- WWII Victor Medal (only WWI Victory Medal) or just the notation WWII, unless foreign location provided or if the veteran was stationed at 'Pearl Harbor' at the time of hostile wartime.

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.

E	Investigating Committee Signatures	
1	X	2 X
Per Section 102 of the National Bylaws. <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted		Meeting Date Obligated Date

EXAMPLE

E	Investigating Committee Signatures	
1	X Jane Doe	2 X John Doe
Per Section 102 of the National Bylaws. <input type="checkbox"/> Rejected <input checked="" type="checkbox"/> Accepted		Meeting Date 10/15/2024 Obligated Date 10/15/2024

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

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 **X**

(Must be signed by all members.)

Date

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 age the applicant 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. **City, 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.

LIFE MEMBERSHIP ONLY ☐ Check here if this is a gift.

Credit cards may NOT be used for initial payment of Annual Dues.

ALL INFORMATION MUST BE LEGIBLE - PRINT CLEARLY!!!!

☐ 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**

CREDIT CARD PAYMENTS



- Credit Card payments are accepted for Life Membership Fees only...
- Name and Billing address provided MUST match exactly as it appears on the card holders credit card account
- Ensure that the full Credit Card No., CVV code and Expiration Date are legible and PRINTED CLEARLY
- The signature must be that of the Name on the credit card if the Life Membership fee is being paid by someone other than the applicant
- The Date signed by the credit card holder must be within four (4) months of the date submitted to the Department Treasurer for processing. If the Date of Signature is more than four (4) months, the application is considered stale dated and the credit card payment cannot be processed. A new application must then be acquired with an updated Signature Date..

EXAMPLE

LIFE MEMBERSHIP ONLY		<input type="checkbox"/> Check here if this is a gift.
<small>Credit cards may NOT be used for initial payment of Annual Dues.</small>		
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Visa
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
		\$17 Life Membership Fee
Name on credit card		Jane Marie Doe
Billing address for card		123 Main Street AptB
City	Anywhere	State Florida ZIP 3333
Credit Card No.	4444 5555 6666 1111	3 CVV Code 001
Exp. Date	01/2222	Date 10/02/2024 Signature X Jane Marie Doe

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 fees are determined based on the age the applicant will be by 12/31 of the year they are becoming a member.

For Example:

Date of Birth: 10/17/1954

Date of Application: 08/15/2024

2024
- 1954
70 the age the applicant will be by 12/31/2024

Life Membership Fees due with the application are \$150

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



VFW AUXILIARY MEMBERSHIP APPLICATION

VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

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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 _____

D ☐ **NON-AFFILIATED** ("Veteran is not a current member of the VFW Post affiliated with the Auxiliary to which you are applying.")
THESE FIELDS REQUIRED
 Relationship _____ to Eligible Veteran* _____ VFW Post (if applicable) _____
 Name of campaign ribbons or medals: _____
 Dates of Service: _____ to _____ Location: _____

E Investigating Committee Signatures
 1 ☒ 2 ☒ 3 ☒
 Per Section 102 of the National Bylaws. ☐ Rejected ☐ Accepted Meeting Date _____ Obligated Date _____

F 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 _____
(Must be signed by all members.)

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 ☒ _____

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
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61-65	\$161
66-70	\$150
71-75	\$132
76-80	\$109
81-85	\$86
86-90	\$69
91 and over	\$58

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

Revised February 2024

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: Mary Member Recruiter Member ID: 2000000011
 Auxiliary No. 1234 City Tampa State FL 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 _____

THESE FIELDS REQUIRED

B Name Jane Applicant Date of Birth 06/17/1959
 Address 123 Main Street Apt 3 ☒ Female ☐ Male
 City Tampa State FL ZIP 33444 Phone 7275555555 Email applicantjane@gmail

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 daughter to Eligible Veteran* John Applicant VFW Post (if applicable) _____
 Name of campaign ribbons or medals: European-African- Middle Eastern Campaign (EAME)
 Dates of Service: 10/1942 to 12/1944 Location: Germany/France

E Investigating Committee Signatures
 1 ☒ X on file 2 ☒ X on file 3 ☒ X on file
 Per Section 102 of the National Bylaws ☐ Rejected ☒ Accepted Meeting Date 9/15/2023 Obligated Date 9/15/2023

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 X on file Date 9/2/2023
 (Must be signed by all members.)

LIFE MEMBERSHIP ONLY ☐ Check here if this is a gift.

Credit cards may NOT be used for initial payment of Annual Dues.

☐ Cash ☒ Visa ☐ MasterCard ☐ Discover ☐ AMEX 161.00 Life Membership Fee

Name on credit card Jane Applicant

Billing address for card 123 Main Street Apt 3

City Tampa State FL ZIP 33444

Credit Card No. 4660 0001 0001 0055 CVV Code 123

Exp. Date 09/30 Date 9/2/23 Signature X on file

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 \$262
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 \$88
86-90 \$69
91 and over \$58

Revised May 2022

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: Mary Member Recruiter Member ID: 8000000011
 Auxiliary No. 1234 City Tampa State FL 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 _____

THESE FIELDS REQUIRED

B Name Jane Applicant Date of Birth 06/17/1959
 Address 123 Main St Apt 3 ☒ Female ☐ Male
 City Tampa State FL ZIP 33444 Phone 7275555555 Email applicantjane@gmail

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 daughter to Eligible Veteran* John Applicant VFW Post (if applicable) _____
 Name of campaign ribbons or medals: EAME
 Dates of Service: 10/42 to 12/44 Location: Germany/France

E Investigating Committee Signatures
 1 ☒ X on file 2 ☒ X on file 3 ☒ X on file
 Per Section 102 of the National Bylaws ☐ Rejected ☒ Accepted Meeting Date 9/15/23 Obligated Date 9/15/23

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 X on file Date 9/2/2023
 (Must be signed by all members.)

LIFE MEMBERSHIP ONLY ☐ Check here if this is a gift.

Credit cards may NOT be used for initial payment of Annual Dues.

☐ Cash ☒ Visa ☐ MasterCard ☐ Discover ☐ AMEX 161 Life Membership Fee

Name on credit card JANE APPLICANT

Billing address for card 123 Main St Apt 3

City Tampa State FL ZIP 33444

Credit Card No. 4660 0001 0001 0055 CVV Code 123

Exp. Date 09/30 Date 9/2/23 Signature X on file

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 \$262
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 \$88
86-90 \$69
91 and over \$58

Revised May 2022

MEMBER UPDATE/CHANGE FORM

Use for a Convert
to Life

VFW Auxiliary Member Change/ Update Form Rev. 9-18

REQUIRED FIELDS:

Member's Current Name _____ Membership ID No. _____

Current Address _____

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 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 _____ / _____

Card Holder's Signature _____ Month / Year _____ Date _____

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

Attached voided check HERE (required) Account Number _____

☐ **REPLACE MY MEMBER CARD**

\$5 Annual \$10 Life

☐ **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	\$158
21-25	\$162
26-30	\$166
31-35	\$170
36-40	\$174
41-45	\$178
46-50	\$182
51-55	\$186
56-60	\$190
61-65	\$194
66-70	\$198
71-75	\$202
76-80	\$206
81-85	\$210
86-90	\$214
91 and over	\$218

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 806 W. 34th St., 12th Floor, Kansas City, MO 64111. You can also order a replacement card online in MNCA by visiting vfwauxiliary.org and selecting "Member Login."

VFW AUXILIARY MEMBERSHIP SUMMARY FORM



This form is for
VFW Members only
for recruiting members to the VFW Auxiliary 2023-2024

1. 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.
2. 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 Recruiter's Address: _____
Street Address City State ZIP Code

VFW Recruiter's Membership Number: _____ VFW Recruiter's email: _____

Number	Date*	New Auxiliary Member Name	Auxiliary Membership Number	Auxiliary Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

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

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								
TOTALS								

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

Auxiliary Treasurer Name

E-mail Address

Telephone No.

☐ **Make checks payable to your Department.**

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.

Preferred Method....

1. 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		X	X				12.00
2	John Applicant			X	X			12.00
3	Mary Doe		X	X				12.00
4	Frank Doe			X		X		83.00
5	Bob Member			X		X		109.00
6	Sue Happy			X		X		109.00
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
TOTALS								337.00

AMOUNT 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.

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.

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		X	CC	
3	Mary Doe			X		X	CC	
4	Frank Doe			X		X	CC	
5	Bob Member			X		X	CC	
6	Sue Happy			X		X	CC	
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
TOTALS								

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

Make checks payable to Dept of FLVFWA

Cindy Estell

Auxiliary Treasurer Name

cc@gmail.com

E-mail Address

7272222222

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.

WHERE TO MAIL MEMBERSHIP APPLICATIONS FOR PROCESSING

Cindy Estell, Dept Treasurer

PO Box 55850

St Petersburg FL 33732-5850





www.vfwauxfl.org

RESOURCES/TREASURER AND TRUSTEE

Membership can help for years to come

