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

Recruited/Recommended by:				Re	cruiter Member	ID	
Auxiliary No. City			State	M	ember ID (V siva	dy a member)	
Annual Membership	Rejoin						
Life Membership	Transfer		-				
Member at Large in Depar	tment of		Men	nber at Large	- VFW Auxiliary	National Headqu	uarters
(If not a transfer, skip to B.)							
LIFE MEMBER TRANSF	ER Previous	s Auxiliary					
ANNUAL TRANSFER	Previous Au	xiliary			Paying	Nonpaying	
ANNUAL TRANSFER CO	ONVERTING T	O LIFE (Pill out	Life Memberal	hip information by	Now.) Previous	woiliary	
THESE FIELDS REQUIRED						Data of Dist.	
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NON-AFFILIATED ("Veters	n la not a current n	rember of the VPV	V Post affiliates	d with the Auxilia	y to which you are a	pplying.)	
Relationship	to Eligible V	/eteran*			VFW Post (	Yapplicable)	
Name of campaign ribbons	or medals:						
Dates of Service:		to		Locati	on:		
Investigating Committee Signa	tures						
1 X	1	2 X			3 X		
Per Section 102 of the National	Bylaws.	ejected Ac	cepted M	Meeting Date		Obligated Date	
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Signature X (statile agentity at reviews)				Date			of year applying for Life Membership.
LIFE MEMBERSHIP ONLY Credit cards may NOT be used for initi		if this is a gif	L.				Through 20 \$253 21-25 \$242 26-30 \$230 31-35 \$219 36-40 \$213
Cash Check Visa	MasterCard	Discover	AMEX		Life Members	hip Fee	36-40 \$213 41-45 \$201 46-50 \$106
Name on credit card							51-55 \$184 56-60 \$173
Billing address for card							61-65 \$161 68-70 \$150
City	State	ZIP					71-75 \$132 76-80 \$109
							81-85 \$85 86-90 \$89
Credit Card No.				VV Code			91 and over \$58

#### 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 inconclute				and the section	start data
An incomplete	application	couia	delay your	membersnip	start date.

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

Α	Recruited/Rec	ommended	by:	Mary Recruiter		Recruiter Member ID	20003332221
	Auxiliary No.	9272	City	Seminole	State Florida	Member ID (If already a m	ember)
	AMPLE						

#### 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 30<sup>th</sup>. Starting July 1<sup>st,</sup> 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.

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

A TRANSFERS	NO: 123456 LIFE MEMBER
(If not a transfer, skip to B.)	NAME: Jane Doe
LIFE MEMBER TRANSFER Previous Auxiliary	LOCATED IN: Anywhere, USA
ANNUAL TRANSFER Previous Auxiliary	Nonpaying
ANNUAL TRANSFER CONVERTING TO LIFE (Fill out Life Membership information below.) Previous Aux	ciliary

PART B:						
Name: As they want it on the card	Date of Birth: Must be provided					
Address: Where mail is received	<i>Female</i> or <i>Male</i> Check the appropriate box					
City/State and Zip: Where mail is received						
<b>Phone number and Email address:</b> If no phone number or email address indicate "NONE" Please ensure that the email address is clearly written.						

в	THESE FIELDS REQUIRE	D				
	Name				Date of Birth	
	Address				Female	
	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.





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: <u>Foreign location</u> where the veteran served....not the base where they served after returning to US

	THESE FIELDS REQ					PODIUM EDITI BYLAWS 100 BIT 2021		
D	Relationship	(*Veteran is not a current r to Eligible \		Post affiliated with the Auxiliary to	o which you are applying.) VFW Post (If applicable)	TERMINAL AND		
	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.

Е	Inves	tigating	Committee Signatures						
	1 X			2 X		3 X			
	Per S	ection 1	102 of the National Bylaws.	Rejected Accepted	Meeting Date	Ob	ligated Date		
		E	Investigating Committee Signat						
			1 XJane Doe	2 Xohn D	0e	3 XCir	rdy Estell		
EXAMP	LE		Per Section 102 of the National	Bylaws. Rejected X Ad	ccepted Meeting Dat	e 10/15/2024	Obligated Date 10/	15/2024	
	_								
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#### 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

(Must be signed by all members.)

F	By signing this, I agree to the stated charges for a Life Membership fee.						
	<b>OBLIGATION</b> In the presence of Almighty God and the members of this organization accord, solemnly promise that I will never wrong or defraud this organization nor a mem power to prevent it. I will never propose for membership any person not eligible, accord I will be faithful to the United States of America, obedient to the laws and loyal to the Fil cease in any way, I will consider this obligation as binding outside of the organization as	ber thereof nor permit either to be wronged if in my ing to our Bylaws. I further state that I believe in God. ag. Should my membership with this organization					
	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 Aux 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 relationship to the Veteran.						
	Signature X	Date					

*Life membership Credit Card*: <u>LIFE MEMBERSHIP ONLY</u>. (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 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.

LIFE MEMBERSHIP ONLY Credit cards may NOT be used for initial pa	Check here if this is syment of Annual Dues.	a gift. ALL INFORMATION M	UST BE LEGIBLE - PRINT CLEARLY!!!!
Cash Check Visa M	asterCard Disco	ver AMEX	Life Membership Fee
Name on credit card			
Billing address for card			
City	State	ZIP	
Credit Card No.		CVV Coo	le
Exp. Date	Date	Signature X	

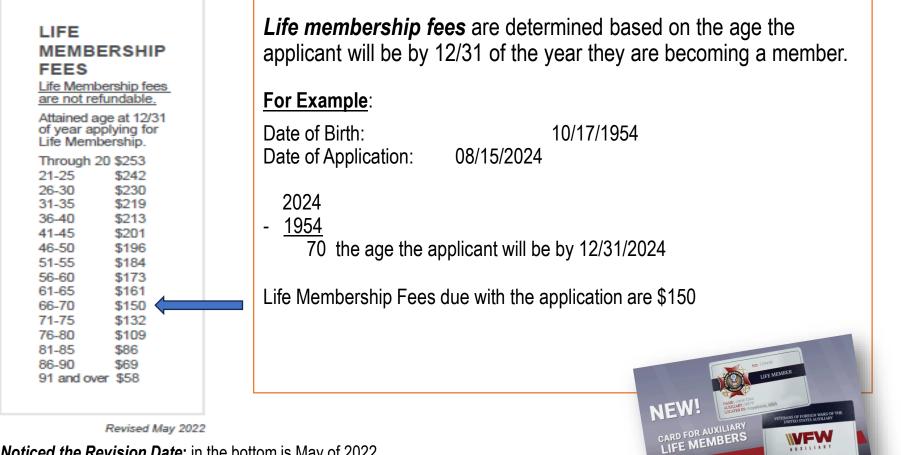
# CREDIT CARD PAYMENTS



**EXAMPL** 

- 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..

	LIFE MEMBERSHIP ONLY Check here if this is a gift. Credit cards may NOT be used for initial payment of Annual Dues.									
	Cash Check X Visa MasterCa	ard Di	scover	AMEX	\$17	Life Memb	ership Fee			
	Name on credit card Jane Marie Doe				3					
_	Billing address for card 123 Main Stree	t AptB								
	City Anywhere State	e Florida	J ZIP	3333						
	Credit Card No. 4444 5555 6666 1111			3	CVV Code	001				
	Exp. Date 01/2222	Date	10/02/2024	Signatu	ire 🗙 Jan	e Marie Doe				



SHOP NOW

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

## VFW AUXILIARY MEMBERSHIP APPLICATION

Recruited/Recommended by:				Re	cruiter Member	ID	
Auxiliary No. City			State	M	ember ID (V siva	dy a member)	
Annual Membership	Rejoin						
Life Membership	Transfer		-				
Member at Large in Depar	tment of		Men	nber at Large	- VFW Auxiliary	National Headqu	uarters
(If not a transfer, skip to B.)							
LIFE MEMBER TRANSF	ER Previous	s Auxiliary					
ANNUAL TRANSFER	Previous Au	xiliary			Paying	Nonpaying	
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Relationship	to Eligible V	/eteran*			VFW Post (	Yapplicable)	
Name of campaign ribbons	or medals:						
Dates of Service:		to		Locati	on:		
Investigating Committee Signa	tures						
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Signature X (statile agentity at reviews)				Date			of year applying for Life Membership.
LIFE MEMBERSHIP ONLY Credit cards may NOT be used for initi		if this is a gif	L.				Through 20 \$253 21-25 \$242 26-30 \$230 31-35 \$219 36-40 \$213
Cash Check Visa	MasterCard	Discover	AMEX		Life Members	hip Fee	36-40 \$213 41-45 \$201 46-50 \$106
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City	State	ZIP					71-75 \$132 76-80 \$109
							81-85 \$85 86-90 \$89
Credit Card No.				VV Code			91 and over \$58

#### VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

VFW AUXILIARY MEMBE	DOULD / MEMDEL	TDANGEED	ADDITCATION
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Recruited/Recommended	by: Marv	Member			Recruit	er Membe	r ID 200000	000011
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Annual Membership	Rejoin							
Life Membership	Transfe	er						
Member at Large in D	epartment o	of		Member a	t Large - VF	WAuxiliar	y National Hea	adquarters
(If not a transfer, skip to	B.)							
LIFE MEMBER TRA	NSFER	Previous Aux	iliary					
ANNUAL TRANSFE	R Pre	vious Auxiliar	Y			Paying	Nonpayir	ng
ANNUAL TRANSFE	R CONVER	TING TO LIF	E (Fill out Life Me	mbership infor	mation below.)	Previous	Auxiliary	
THESE FIELDS REQUI	000							
Name Jane Applica							Data of Birt	h 06/17/1959
Address 123 Main S		13					_	
City Tampa	Jucci Ap	State FL	ZIP 33444	Phone	7275555	5555		antjane@gmail
POST-AFFILIATED	(*Must be a cun	rent member of ti	e VFW Post affiliat	ed with the Au	williary to which	you are appl	lying.)	
Relationship	t	o Eligible Vete	eran*			VFW Me	embership ID	
THESE FIELDS REQU								
NON-AFFILIATED (*								
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VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APP	LICATIÓN
An incomplete explication could delay your membership ward dela Applicant completes sections A, B, C or D and F. Auxiliaries/Departments complete section E.	
	101001
Member at Large in Department of Member at Large - VFWAuxiliary National Heads (If not a transfer, skip to B.) LIFE MEMBER TRANSFER Previous Auxiliary ANNUAL TRANSFER Previous Auxiliary Previous Auxiliar	uarters
ANNUAL TRANSFER CONVERTING TO LIFE (Fill out Life Membership Information below) Previous Auxiliary	
THESE FIELDS REQUIRED Name Adultoroplic I Address 12-3 Thain St April 3 City Tan Jox State EL ZIP 334484000072755555555Email applic	06/17/1959 Male
POST-AFFILIATED ("Must be a current member of the VFW Post efficiency dwth the Auxiliary to which you are applying.)     Relationship     to Eligible Veteran* VFW Membership ID     THESE FIELDS REGUIRED     NON-AFFILIATED ("Veteran is not a current member of the VFW Post efficiency which the Auxiliary to which you are applying.)	gnud
Relationship ( 200 Att to Eligible Veleran John Conductor VPW Post (represent) Name of campaign hoors or medals: EAME Dates of Service: 10/42 to 12/444 Location: Gummany / FR	one
Investigatine Committee Signatures 1 X C A Log 2 X Log Autor 3 X Dtu Soft Per Section 162 of the National Bylaws Rejected Schoopfed Meeting Date 9/15/25 Obligated Date	9/15/23
By signing this, I agree to the stated charges for a Life Membership fee. BELIGATION In the presence of Amplyt go and the members of this organization have assembled, I do of my own free will and accord, belowing promise that I will never wing of orderbuild to ognization have a satembled. I do of my own free will and prover to prevent a 1, will never propose below the the object of the organization have a satembled. I do of my own free will and their is a shifted to a factor to a document, a below that the opposed to the satemble of the organization will be shifted to a factor to a document, a below the the sate and toys to the fact. Should my membership with the organiza- cess as in they way will consider the object to a document, a below the the sate and toys to the fact. Should my membership with the organization cess as in they way way of open organ. I process to comply with the National given of the values of foreign two of the Linkel States Austrey, latest of the late of the the sate. Signature X man signature way. Date 9/12/2003.	LIFE MEMBERSHIP FEE8 Life Membership loss, are not refundable, Attained age at 12/31 of year applying for Life Membership, Through 20 52/33 21-25 5/242
LIFE MEMBERSHIP ONLY Check here if this is a gift. Credit care may NOT so used for Initial payment of Annual Duss Cash Check Dosa MasterCard Discover AMEX 161 Life Membership Fee Name on credit care JANE APP/ICANT Billing address for card 123 M Hun ST Appt 3 City Munce State TC ZIP 33444	28-30 \$220 31-35 \$229 34-45 \$213 44-50 \$213 51-55 \$184 51-55 \$184 54-80 \$173 61-65 \$161 68-70 \$150 71-75 \$152 76-80 \$199 81-85 \$86 88-90 \$59
Credit Card No. 4660 0001 0001 00055 CW Code         123           Exp Date 09/30         Date 9/2/33 Signature X         123	91 and over \$58 Revised May 2022

### MEMBER UPDATE/CHANGE FORM Use for a Convert to Life

VFW Auxiliary Member Change/ Update Form	Rev. 8-18
REQUIRED FIELDS: Membership ID No Current Address	
E-mail AddressPhone Number (	<u> </u>
Current Auxiliary # Department of Date of #	ith
NAME CHANGE Former Name: FirstLastL	
ADDRESS CHANGE	
CONTINUOUS ANNUAL DUES (We recommend using the Membership Summary Form for	
CONVERT TO LIFE MEMBER	LPE MEMBERSHIP PEES Effective 1/1/2017 Attained age at 12/31 of year applying for Life Membership.
Life Membership Fee 5	Through 20 \$258 21-25 \$342 36-80 \$280
Check here if this is a gift. It will be mailed to the Auxiliary Treasurer.	31-85 \$219 36-40 \$213
Payment Methods:	41-45 \$301 46-50 \$396
Check: Make check payable to: VFW Availlary	\$2-55 \$284
	56-60 \$173
Gredit Card VISA MasterCard Discover AMEX	61-65 \$361 66-70 \$350
	71-75 \$182
Name as it appears on the card:	76-80 \$109
Address associated with the card holder:	85-85 586 86-90 568
	Standover S18
Credit Card Number	
CVV Code(2 digit code shown on back of credit card) Expiration Month / Year Card Holder's Signature	Dute
ACH (ikank withdrawai) Name of BankRouting Number	
Attached voided check HERE (required) Account Number	
REPLACE MY MEMBER CARD     SS Annual \$20 Life     Solution     State of the sequence information above if up     Solution     Solu	ing a credit card or ACH. Mease loar, Kansas City, MO 64111.
DEATH REPORT Date of Death	



#### 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 Audilary from July 1, 2023 through May 31, 2024\*. Due to VFW Audilary 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 Recrui	ter's Name:			\	FW Post Num	ber:
VFW Recruit	ter's Addres	SS: Dired Address				
VEW Recruit	ter's Memb	ership Number:	VEW Re			2F Cale
Number	Date*	New Auxiliary Member Name				Auxiliary Number
1						
2						
3						
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20						

Completed form must be received at VFW Auxiliary National Headquarters by June 10<sup>th</sup>, 2024.

Email to info@wfwauxiliary.org or mail to VFW Auxiliary National Headquarters, 406 W. 34th Street, 10th Floor, Kansas City MO 64111 ATTN: Program Awards Administrator

## VFW AUXILIARY MEMBERSHIP SUMMARY FORM

			VE	TERANS OF FOREIGN WA						
		VFW	/ AUX NO.:	DEPARTMENT OF		-	LOCATIO	N:		
16		MEN	MBERSHIP YEAR:	DATE:		_	REPORT	vo:		
	sing one (1) transmittal for	For	New and Rejoining Members	s (Annual and Life) includ	е а сору о	their me	mbership (	applicatio	on.	
all	applications being		NAME	MEMBER NO.	CONT	NEW	REJOIN	LIFE	CK #	AMOUNT
		1								
Sur	omitted, categorize the	2								
apr	plications	3								
αpr		4								
1	All Annual Applications	5								
1.		6								
	paid by check	7								
	·····	8			1					
2	All Life Membership	9		P	4					
		10								
	Applications paid by	12								
	check	13								
	Check	14								
~		15								
3.	All Applications being paid	16								
		17								
	by credit cards	18								
		19								
		20								
			TOTAL	.5						
			AMOUN	IT SENT	]		Auxiliary	Treasure	r Name	
			LIFE MEMBERSHIP DEPARTMENT (ANNUAL)		-					
			NATIONAL (ANNUAL)		1		E-mail Ad	idress		
			TOTAL		1					
			Make checks payable	to your Department.	]		Telephon	e No.		
		By sub	mission of this form, I hereby certify th	at all Bylaws have been followed a	nd the memb	vs reported o	on this form he	we poid 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

-	UX NO.: 1234	DEDUDTION OF EIGH	ida		LOCATION	Tom	-	
FVV P	UX NU.: 1234	DEPARTMENT OF: FIOI	lua		LOCATION	v: ramp	a	
1EME	BERSHIP YEAR: 2024	DATE: 9/15/2023		_	REPORT N	10:4		
or Ne	w and Rejoining Members	(Annual and Life) inclue	le a copy of	their me	mbership c	pplicatio	on.	
Ī	NAME	MEMBER NO.	CONT	NEW	REJOIN	LIFE	CK #	AMOUNT
1	Jane Applicant		Х	Х				12.00
2	John Applicant			Х	Х			12.00
3	Mary Doe		X	Х				12.00
4	Frank Doe			Х		Х		83.00
5	Bob Member			Х		Х		109.00
6	Sue Happy			Х		Х		109.00
7								
8								
9								
LO								
11								
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L4								
٤5								
16								
17								
18								
19								
20								
	TOTAL	s						337.00

AIVIOUNT SEINT							
LIFE MEMBERSHIP	301.00						
DEPARTMENT (ANNUAL)	21.00						
NATIONAL (ANNUAL)	15.00						
TOTAL	337.00						

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 DEPARTMENT OF: Florida

VFW AUX NO.: 1234

MEMBERSHIP YEAR: 2024

LOCATION: Tampa

REPORT NO: 4

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

DATE: 9/15/2023

	NAME	MEMBER NO.	CONT	NEW	REJOIN	LIFE	CK #	AMOUNT
1	Jane Applicant			Х		Х	CC	
2	John Applicant			Х		Х	CC	
3	Mary Doe			Х		Х	CC	
4	Frank Doe			Х		Х	CC	
5	Bob Member			Х		Х	CC	
6	Sue Happy			Х		Х	CC	
7								
8								
9								
10								
11								
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15								
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19								
20								
	TOTAL	s						

AMOUNT SENT					
LIFE MEMBERSHIP					
DEPARTMENT (ANNUAL)					
NATIONAL (ANNUAL)					
TOTAL	CREDIT CARDS				
Make checks payable to Dept of FL VFWA					

	/ Es	

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

