VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION Recruited/Recommended by: Recruiter Member ID Auxiliary No. State Member ID (If already a member) Life Membership Annual Membership Previous Auxiliary Rejoin Membership Rejoined Previous Member ID No. Member at Large in Department of Member at Large - VFW Auxiliary National Headquarters THESE FIELDS REQUIRED Name Date of Birth Female Male Address Email City State Phone POST-AFFILIATED (*Must be a member to the VFW Post affiliated with the Auxiliary to which you are applying.) Relationship to Eligible Veteran* VFW Membership ID LIFE MEMBER TRANSFER **Previous Auxiliary** ANNUAL TRANSFER Previous Auxiliary Paying Nonpaying ANNUAL TRANSFER CONVERTING TO LIFE (Fill out Life Membership information below.) Previous Auxiliary THESE FIELDS REQUIRED NON-AFFILIATED (*Veteran is not a member of the VFW Post affiliated with the Auxiliary to which you are applying.) to Eligible Veteran* VFW Post (If applicable) Relationship Name of campaign ribbons or medals: Location: Dates of Service: I attest that I am a citizen of the United States or a U.S. National, and am at least 16 years of age. I further state that I believe in God. I pledge to comply with the National Bylaws of the Veterans of Foreign Wars of the United States Auxiliary. I attest I am not eligible for membership in the VFW. I further attest that the above is true and correct to the best of my knowledge, including my stated relationship to the Veteran. **Investigating Committee Signatures** 1 X 3 X **Obligated Date** Per Section 102 of the National Bylaws. Rejected Accepted Meeting Date LIFE **MEMBERSHIP FEES** Life Membership fees are not refundable. Attained age at 12/31 of year

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 Ex	Exp. Date
Signature X	Date

LIFE MEMBERSHIP ONLY ACH (Bank withdrawl)
Name of Bank
Bank Routing No.
Account No.
Attach voided check HERE. (Required)

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.

Signature X

(Must be signed by all members.)

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