

Please return completed application to: VFW Post 10427
 Quartermaster
 P.O. Box 648
 Leander, Tx 78646



VFW Membership Mail-In Application

Yes! I want to join the VFW as a member-at-large and continue serving my country, my community and my fellow man.

PLEASE ENTER YOUR PERSONAL INFORMATION

Name:

Last

First

M.I.

Address:

Street

City

State

Zip

E-mail:

Phone: _____

Birthdate: _____ Social Security #: _____

HOME OF RECORD (Active Duty only)

Same as above

Address:

Street

City

State

Zip

SERVICE INFORMATION

Branch of Service: Army Marine Corps Navy Air Force Coast Guard

Eligibility (choose one)

- WWII Afghanistan Combat Action Ribbon SSBN
- Korean War Iraq Expeditionary Medal Imminent Danger/
- Vietnam Korean Service (7/1/49 to present) Occupation Medal Hostile Fire Pay
- Persian Gulf War Kosovo Other: _____

Overseas from: _____ to _____ **Service Location:** _____

Name of Campaign Ribbon or Medal:

MEMBERSHIP TYPE (choose one)

- Annual \$35.00 Life Membership (one-time fee) Life Membership (installment)

Payment Plan Terms & Conditions

The VFW Life Membership installment plan allows any VFW member/applicant to purchase a Life Membership by making installments or a one-time payment. The member will be issued a "Provisional Life" membership card and can elect, upon receipt of first monthly invoice, to pay via check, credit card or ACH Debit. The applicable Life Membership fee is to be determined from the schedule using the applicant's age on Dec. 31 of the installment plan year in which the application is submitted, regardless of actual date of birth. A permanent Life Membership card will be issued upon completion of this agreement. No refund of any portion of current year annual dues will be made.

LIFE MEMBERSHIP FEE SCHEDULE

Age	One-time Payment	Installment
18-30	\$425.00	\$38.64
31-40	\$410.00	\$37.27
41-50	\$375.00	\$34.09
51-60	\$335.00	\$30.45
61-70	\$290.00	\$26.36
71-80	\$225.00	\$20.45
81 and over	\$170.00	\$15.45

PAYMENT INFORMATION

Check/Money Order Mastercard VISA Discover American Express

Card Number: _____ **Expiration Date:** _____

Cardholder's Name:

Amount to be charged: \$ _____
 (if using Life Membership installment plan, amount is \$35.00)

VERIFICATION & SIGNATURE

I attest that by forwarding this application that I am a citizen of the United States of America and that I have confirmed my eligibility for membership in the Veterans of Foreign Wars of the United States. I further give authority to the Veterans of Foreign Wars of the United States to verify my eligibility for membership.

Signature of Applicant: _____ Date: _____