VFW MEMBERSHIP APPLICATION

ver. 01/14

NAME _____ (FIRST / MIDDLE / LAST) EMAIL _____ DATE OF BIRTH _____

ADDRESS _____ HOME OF RECORD _____ PHONE _____ GENDER: (M) (F)

_____ (CITY / STATE / ZIP) _____ (CITY / STATE / ZIP) SSN (optional) _____

BRANCH OF SERVICE ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINES ☐ COAST GUARD

DATES OF SERVICE: _____

QUALIFYING FOREIGN SERVICE

- ☐ WORLD WAR II
- ☐ OCCUPATION SERVICE
- ☐ KOREAN SERVICE (1950-1954)
- ☐ KOREA DUTY (1955 - present)
- ☐ VIETNAM SERVICE
- ☐ EXPEDITIONARY OPERATIONS
- ☐ HOSTILE FIRE/IMMINENT DANGER PAY
- ☐ DESERT SHIELD/STORM
- ☐ BOSNIA/KOSOVO
- ☐ GLOBAL WAR ON TERRORISM EXPEDITIONARY
- ☐ AFGHANISTAN (2001-present)
- ☐ IRAQ (2003-2011)
- ☐ SSBN DETERRENT PATROL INSIGNIA

_____ (location / dates)

☐ NEW Post No. _____ ☐ FORMER MEMBER ID No. _____

☐ TRANSFER From Post No. _____ to Post No. _____
transfer complies with Sec. 107

RECRUITER (please print) _____ (name / member no.)

QUARTERMASTER: _____

MEMBERSHIP TYPE (choose one)

☐ **ANNUAL MEMBER**

Payment Authorization

You may pay by check or credit card. For payments by check, you will receive a yearly statement by mail. For credit card payments, please complete the following:

☐ I authorize the VFW to automatically charge my account $_____ on a yearly basis to pay my Annual membership dues.

☐ I authorize the VFW to charge my account a one-time payment of $_____.

☐ **LIFE MEMBER**

☐ I authorize the VFW to charge my account for a one-time payment of $_____.

☐ **LIFE MEMBER INSTALLMENT PLAN**

☐ I authorize the VFW to automatically charge my account $_____ to be paid in 11 monthly installment payments after my initial payment of $45.00.

☐ I authorize the VFW to charge the $45.00 initial payment and I understand that I will be billed for the remaining 11 monthly installment payments.

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

Please see reverse for terms and conditions of Automatic Payment and Installment Life Plans.

NATIONAL COPY

☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐ AMEX

card no. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Exp.Date ___ / ___ AMOUNT: $ _____

SIGNATURE: _____