

VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

Recruited/Recommended by: [redacted] Recruiter Member ID [redacted]

Auxiliary No. 1 City Fort Myers Beach State F Member ID (If already a member) [redacted]

Annual Membership [redacted] Life Membership [redacted]

Rejoin Membership [redacted] Rejoined Previous Member ID No. [redacted] Previous Auxiliary [redacted]

Member at Large in Department of [redacted] Member at Large - VFW Auxiliary National Headquarters [redacted]

THESE FIELDS REQUIRED

Name [redacted] Date of Birth [redacted] Address [redacted] Male [redacted] Female [redacted] City [redacted] State [redacted] ZIP [redacted] Phone [redacted] Email [redacted]

POST-AFFILIATED (\*Must be a member to the VFW Post affiliated with the Auxiliary to which you are applying.)

Relationship [redacted] to Eligible Veteran\* [redacted] VFW Membership ID [redacted]

LIFE MEMBER TRANSFER Previous Auxiliary [redacted]

ANNUAL TRANSFER Previous Auxiliary [redacted] Paying [redacted] Nonpaying [redacted]

ANNUAL TRANSFER CONVERTING TO LIFE (Fill out Life Membership information below.) Previous Auxiliary [redacted]

THESE FIELDS REQUIRED

NON-AFFILIATED (\*Veteran is not a member of the VFW Post affiliated with the Auxiliary to which you are applying.)

Relationship [redacted] to Eligible Veteran\* [redacted] VFW Post (If applicable) [redacted]

Name of campaign ribbons or medals: [redacted]

Dates of Service: [redacted] to [redacted] Location: [redacted]

Investigating Committee Signatures

1 X [redacted] 2 X [redacted] 3 X [redacted]

Per Section 102 of the National Bylaws. [redacted] Rejected [redacted] Accepted Meeting Date [redacted] Obligated Date [redacted]

LIFE MEMBERSHIP ONLY Check here if this is a gift. Credit cards may NOT be used for initial payment of Annual Dues.

Cash [redacted] Check [redacted] Visa [redacted] MasterCard [redacted] Discover [redacted] AMEX [redacted]

Life Membership Fee [redacted]

Name on credit card [redacted]

Billing address for card [redacted]

City [redacted] State [redacted] ZIP [redacted]

Credit Card No. [redacted]

CVV Code [redacted] Exp. Date [redacted]

Signature X [redacted] Date [redacted]

LIFE MEMBERSHIP ONLY

ACH (Bank withdrawl) [redacted]

Name of Bank [redacted]

Bank Routing No. [redacted]

Account No. [redacted]

Attach voided check HERE. (Required)

LIFE MEMBERSHIP FEES

Life Membership fees are not refundable.

Attained age by 12/31 of year applying for Life Membership.

Table with 2 columns: Age Range, Fee. Rows include: 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

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 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.

Signature X [redacted] (Must be signed by all members.) Date [redacted]