

MEMBER/TRANSFER APPLICATION

PLEASE PRINT CLEARLY

Recruited by: _____

LAVFWHQ REVISED 3-15

Auxiliary No. _____ City _____ State _____

Annual Membership Life Rejoined Previous Member No. _____, Previous Auxiliary _____

Member-at-Large Life Member-at-Large in Department of _____ or in National

These fields required. Name _____ Date of Birth ____/____/____
Address _____
City _____ State _____ ZIP _____
Phone (____) _____ - _____ E-mail _____

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

Relationship _____ to Eligible Veteran* _____ VFW Membership ID _____

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

Relationship _____ to Eligible Veteran* _____ VFW Post _____ (If applicable)

LIFE MEMBER TRANSFER, Previous Auxiliary _____ (Note: Eligibility proof and investigating committee not needed.)

Accepting Treasurer's Signature _____ Date _____

ANNUAL TRANSFER, Previous Auxiliary _____ Paying _____ or Nonpaying _____? (check one)

ANNUAL TRANSFER CONVERTING TO LIFE, Previous Auxiliary _____ (Fill out Life Membership information below.)

Name of campaign ribbons or medals: _____

Foreign Service ____/____/____ to ____/____/____ Location: _____

I pledge to comply with the National Bylaws of the Ladies Auxiliary to the Veterans of Foreign Wars of the United States. I affirm that the above eligibility meets all eligibility requirements of the National Bylaws. I further state that the above is true and correct to the best of my knowledge.

Applicant's Signature _____ Date _____

Investigating Committee: 1) _____ 2) _____ 3) _____

Per Section 102 of the National Bylaws. Rejected Election Date _____ Obligated Date _____

LIFE MEMBERSHIP Check here if this is a gift. Card will be mailed to the Auxiliary Treasurer

Payment: Cash Check Visa

Mastercard Discover

Life Membership Fee \$ _____

Name on credit card _____

Billing address for card _____

City _____ State _____ ZIP _____

C. C. # _____

CVV Code _____ Exp. ____/____

Signature _____ Date _____

ACH (Bank withdrawal)

Name of Bank _____

Bank Routing No. _____

Account No. _____

Attach voided check HERE. (Required)

UNWAVERING SUPPORT



FOR UNCOMMON HEROES™

LIFE MEMBERSHIP FEES

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

Through 20	\$220
21-25	\$210
26-30	\$200
31-35	\$190
36-40	\$185
41-45	\$175
46-50	\$170
51-55	\$160
56-60	\$150
61-65	\$140
66-70	\$130
71-75	\$115
76-80	\$95
81-85	\$75
86-90	\$60
91 and over	\$50

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 _____

(Must be signed by all members.)