

NEW MEMBER APPLICATION – POST AFFILIATED

Recommended by: _____

Annual Membership Life Membership Auxiliary No. _____ City _____ State _____

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

Name _____ Date of Birth ____/____/____

Address _____

City _____ State _____ ZIP _____

Phone(____) _____ E-mail _____

Relationship _____ to Eligible Veteran* _____ VFW Membership' ID _____

*Must be a member of the Post affiliated with the Ladies Auxiliary to which you are applying.

I attest that I am a citizen of the United States, and 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 is true and correct. Applicant's Signature _____ Date _____

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

Per Section 105 of the National Bylaws. Rejected Election Date _____ Obligated Date _____

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

Payment: Cash Check Visa

Mastercard Discover ACH (Bank withdrawal)

Life Membership Fee \$ _____

C. C. # _____

CVV Code _____ Exp. ____/____

Bank Routing No. _____

Account No. _____

Prior to enrolling in the Installment Plan, current year's dues and subsequent annual dues must be paid until Plan is completed. I understand that if my Auxiliary has Specified Disease Insurance, I am responsible for my own yearly premium payment. I authorize the first of twelve (12) installments of \$ _____ to be processed immediately with eleven (11) remaining payments to be processed on the 15th of each month.

Signature _____ Date _____

LIFE MEMBERSHIP FEES

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

Through 20	\$220	\$19.86 per month
21-25	\$210	\$18.96
26-30	\$200	\$18.06
31-35	\$190	\$17.15
36-40	\$185	\$16.70
41-45	\$175	\$15.80
46-50	\$170	\$15.35
51-55	\$160	\$14.44
56-60	\$150	\$13.54
61-65	\$140	\$12.64
66-70	\$130	\$11.74
71-75	\$115	\$10.38
76-80	\$95	\$8.58
81-85	\$75	\$6.77
86-90	\$60	\$5.42
91 and over	\$50	\$4.51

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 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.

NEW MEMBER APPLICATION – NON-AFFILIATED

Recommended by: _____

(Eligible veteran is deceased, is not a VFW member or is a member of another Post.)

Annual Membership Life Membership Auxiliary No. _____ City _____ State _____

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

Name _____ Date of Birth ____/____/____

Address _____

City _____ State _____ ZIP _____

Phone (____) _____ E-mail _____

Relationship _____ to Eligible Veteran _____ VFW Post _____

Name of campaign ribbons or medals: _____

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

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

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