

### 2012 TRANSFER/REINSTATE FORM

**Auxiliary retains original with a copy to Dept. Treasurer  
Dept. Treasurer retains copy and forwards a copy to National Membership Dept.**

Aux. No. _____	Department _____	
Name _____		
First _____	Initial _____	Last _____
Address _____		
City _____	State _____	Zip _____
Phone No. (_____) _____		Email Address _____
Relationship _____		to Eligible Veteran _____
Post No. _____		VFW Member No. _____
Name of campaign ribbons or medals _____		
Foreign Service ____/____/____ to ____/____/____		Location _____
Date		Date
I attest that I am a citizen of the United States and that 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 _____		

<input type="checkbox"/> <b>Continuous</b> (Belonged to this Aux. in 2011)  ID No. _____	<input type="checkbox"/> <b>Continuous Transfer</b> ID No. _____ Former Aux. No. _____ Department _____
<input type="checkbox"/> <b>Reinstate</b> (Former Member) ID No. (if known) _____	<input type="checkbox"/> <b>Non-Paying Transfer</b> former 2012 member of Aux. No. _____ Department _____ 2012 ID No. in former Aux. _____