VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

An incomplete application could delay your membership start date.

Αр	plicant comp	letes sections A	ւ, В, С о	r D and F.	Auxiliaries/De	partments com	plete section E.
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Recruited/Recommended by:		ruiter Member ID					
Auxiliary No. 3629 City Fairbanks	State AK Mem	nber ID (If already a member)					
Annual Membership Rejoin							
Life Membership Member at Large in Department of Member at Large - VFW Auxiliary National Headquarters							
LIFE MEMBER TRANSFER Previous Auxiliary							
ANNUAL TRANSFER Previous Auxiliary		Paying Nonpaying					
ANNUAL TRANSFER CONVERTING TO LIFE (Fill out L	ife Membership information belo	w.) Previous Auxiliary					
THESE FIELDS REQUIRED							
Name	Name						
Address		Female	Male				
City State ZIP	Phone	Email					
X POST-AFFILIATED (*Must be a current member of the VFW Pos	t offiliated with the Auxilians to wh	sich vou ere ennlying					
	John Paul	VFW Membership ID					
THESE FIELDS REQUIRED							
NON-AFFILIATED (*Veteran is not a current member of the VFW	Post affiliated with the Auxiliary t	to which you are applying.)					
Relationship to Eligible Veteran*		VFW Post (If applicable)					
Name of campaign ribbons or medals:							
Dates of Service: to	Location	:					
Investigating Committee Signatures							
1 X 2 X		3 X					
Per Section 102 of the National Bylaws. Rejected Acc	cepted Meeting Date	Obligated Date					
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 at least 16 years of age. 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 are not refundable. Attained age at 12/31							
Signature (Must be signed by all members.)	Date		of year applying for Life Membership.				
LIFE MEMBERSHIP ONLY Check here if this is a gift. Credit cards may NOT be used for initial payment of Annual Dues.	Life Marshaushin To-	Through 20 \$253 21-25 \$242 26-30 \$230 31-35 \$219 36-40 \$213 41-45 \$201					
Cash Check Visa MasterCard Discover	Life Membership Fee	46-50 \$196 51-55 \$184					
Name on credit card			56-60 \$173 61-65 \$161				
Billing address for card		66-70 \$150 71-75 \$132					
City State ZIP							
Credit Card No.	CVV Code		81-85 \$86 86-90 \$69 91 and over \$58				
Exp. Date Date	Signature X		• • •				