



VFW Membership Application

PLEASE ENTER YOUR PERSONAL INFORMATION

Name: _____
Last First M.I.

Address: _____
Street City State Zip

E-mail: _____ Phone: _____

Birthdate: _____ Social Security # _____

HOME OF RECORD (ACTIVE DUTY ONLY)

Same as above

Address: _____
Street City State Zip

SERVICE INFORMATION

Branch of Service: ARMY MARINE CORPS NAVY AIR FORCE COAST GUARD

Eligibility (choose one)

- WW II Afghanistan Combat Action Ribbon SSBN
- Korean War Iraq Expeditionary Medal Imminent Danger/
- Vietnam Korean Service (7/1/49 to present) Occupation Medal Hostile Fire Pay
- Persian Gulf War Kosovo Other: _____

Overseas from: _____ to _____ Service Location: _____
mm/mm/yyyy mm/mm/yyyy

Name of Campaign Ribbon or Medal: _____

MEMBERSHIP TYPE (choose one)

- Annual \$35.00 Life (one -time fee) Life (12 Month Payment Plan) Life (24 Month Payment Plan)

Payment Plan Terms & Conditions

The VFW Life Membership installment plan allows any VFW member/applicant to purchase a Life Membership by making either 11 or 23 monthly installments. Initial payment of \$35 is required. The member will be issued a "Provisional Life" membership card and can elect, upon receipt of first monthly invoice, to pay via check, credit card or ACH Debit. The monthly fee (shown in the payment schedule) includes a \$1.75 monthly service fee. The applicable Life Membership fee is to be determined from the schedule using the applicant's age on Dec. 31 of the installment plan year in which this Agreement Form is submitted, regardless of actual date of birth. A permanent Life Membership card will be issued upon completion of this agreement. No refund of any portion of current year annual dues will be made.

Life Membership Fee Schedule

Age	One Time Payment	12 Month Payment Plan	24 Month Payment Plan
Through Age 30	\$425.00	\$40.39	\$20.23
31-40	\$410.00	\$39.02	\$19.58
41-50	\$375.00	\$35.84	\$18.05
51-60	\$335.00	\$32.20	\$16.32
61-70	\$290.00	\$28.11	\$14.36
71-80	\$225.00	\$22.20	\$11.53
81 and over	\$170.00	\$17.20	\$9.14

PAYMENT INFORMATION

- Check/Money Order Master Card Visa Discover American Express

Card Number: _____

Expiration Date: _____

Card Holders Name: _____

*Amount enclosed or to be charged: \$ _____

*If using Life Membership Payment Plan, an initial payment of \$35.00 is required.

VERIFICATION & SIGNATURE

ATTESTATION OF ELIGIBILITY Yes! I attest by forwarding this application that I am a citizen of the United States of America and I have checked the membership eligibility requirements for the Veterans of Foreign Wars of the United States and find that I am eligible for membership in the VFW and that I have never been discharged under other than honorable conditions or I am still serving honorably in the armed forces of the United States of America. I further give authority to the Veterans of Foreign Wars of the United States to verify my entitlement to membership.

Signature of Applicant: _____ Date: _____

Mail Form To: Jerry Peterson, 1937 Williamsport St., Henderson, NV 89052

Questions? Call 702-837-0837

E-mail: TQM Guru@hotmail.com

(VFW member # 1035446)