



# VFW Membership Application

PLEASE ENTER YOUR PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security # \_\_\_\_\_ (optional)

### 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/yyyy mm/yyyy

Name of Campaign Ribbon or Medal: \_\_\_\_\_

### MEMBERSHIP TYPE (choose one)

- Annual \$45.00  Life (one -time fee)  Life (11 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 an initial payment of \$45.00 and 11 monthly payments. The member will be issued an annual membership card and can elect, upon receipt of the first monthly invoice to pay by check, credit card, or ACH Debit. The applicable Life Membership fee is to be determined from the schedule, using the applicant's age on December 31 of the installment plan year in which this Agreement Form is submitted, regardless of the 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 as of DECEMBER 31ST	One Time Payment	Initial Payment	11 Month Payment Plan
Through Age 30	\$425.00	\$45.00	\$38.64
31-40	\$410.00	\$45.00	\$37.27
41-50	\$375.00	\$45.00	\$34.09
51-60	\$335.00	\$45.00	\$30.45
61-70	\$290.00	\$45.00	\$26.36
71-80	\$225.00	\$45.00	\$20.45
81 and over	\$170.00	\$45.00	\$15.45

### 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 \$45.00 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: TQMguru@hotmail.com

(VFW member # 1035446)