

Branch of Service

- Air Force Army
 Marines Navy
 Coast Guard

VETERANS OF FOREIGN WARS OF THE UNITED STATES

Membership Application

Current Status:

- Active Duty
 Reserve
 National Guard

Name _____
(Type or Print) Last First Middle

Present Address _____
Street and No. City State Zip

Date of Birth _____ SSN _____ Hm Phone _____

E Mail _____ Alt. Phone _____

Foreign Service: _____ to _____ Where _____
Date Date

Name of Campaign Ribbon(s) or Medal(s) _____

Hometown/Permanent address: _____
Street and No. City State Zip

Transfer (Please attach MCR form) New Reinstate Annual Life

Post No. _____

Old Post No. _____ ID# _____

Dues Collected
 \$ _____

Life 12 month payment plan

Life 24 month payment plan

I certify the above applicant meets eligibility requirements outlined in sec. 101 of the VFW Manual of Procedure.

Recruiter Card No. _____ Recruiter Signature: _____

Recruiter (Please Print) _____ Date _____

(NATIONAL COPY - SUBMIT WITH TRANSMITTAL FORM)

I want to pay my membership fee by credit card.

MASTERCARD VISA DISCOVER AMEX

CARD NO.

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Exp. Date ____/____/____ \$ _____

Signature: _____