

VFW Auxiliary Member Change/ Update Form

Rev. 8-18

REQUIRED FIELDS:

Member's Current Name _____ Membership ID No. _____

Current Address _____

E-mail Address _____ Phone Number () _____

Current Auxiliary # _____ Department of _____ Date of Birth _____

☐ **NAME CHANGE** Former Name: First _____ Last _____

☐ **ADDRESS CHANGE**

☐ **CONTINUOUS ANNUAL DUES** (We recommend using the Membership Summary Form for multiple dues payments.)

☐ **CONVERT TO LIFE MEMBER**

Life Membership Fee \$ _____

Check here if this is a gift. It will be mailed to the Auxiliary Treasurer. ☐

Payment Methods:

☐ **Check: Please make your check payable to your local VFW Auxiliary**

☐ **Credit Card** ☐ VISA ☐ MasterCard ☐ Discover ☐ AMEX

Name as it appears on the card: _____

Address associated with the card holder: _____

Credit Card Number _____

CVV Code _____ (3 digit code shown on back of credit card) Expiration _____ / _____

Month / Year

Card Holder's Signature _____ Date _____

LIFE MEMBERSHIP FEES

Effective 1/1/2017
Attained age at 12/31 of year
applying for Life Membership.

Through 20	\$253
21-25	\$242
26-30	\$230
31-35	\$219
36-40	\$213
41-45	\$201
46-50	\$196
51-55	\$184
56-60	\$173
61-65	\$161
66-70	\$150
71-75	\$132
76-80	\$109
81-85	\$86
86-90	\$69
91 and over	\$58

☐ **REPLACE MY MEMBER CARD**

\$5 Annual \$10 Life

NAME CHANGES OR LOST CARD REQUESTS MUST BE ACCOMPANIED BY A CHECK made payable to VFW Auxiliary or complete the payment information above if using a credit card or ACH. Please send directly to National Headquarters at 406 W. 34th St., 10th Floor, Kansas City, MO 64111. You can also order a replacement card online in MALTA by visiting vfwauxiliary.org and selecting "Member Login."

☐ **DEATH REPORT** Date of Death _____