



VFW Auxiliary

AUXILIARY MEMBERSHIP APPLICATIONS

**WHAT
YOU
NEED
TO
KNOW...**



VFW Auxiliary

What is your Role? Are you?

- A Recruiter/Member
- **Auxiliary Treasurer**
- Auxiliary Secretary
- **Member of the Investigating Committee**
- **President**



VFW Auxiliary

Member–Recruiter

- **First Member an applicant will meet.**
- **Should be knowledgeable.**
- **Name and Membership Number should be written in Section A of the application.**
- **First line of assistance for applicant.**





VFW Auxiliary

Auxiliary Treasurer



- **Liaison.**
- **Should be a source to get questions answered.**
- **Not responsible to complete application.**
- **Can serve on Investigating Committee, if he/she is not the Recruiter.**
- **Final Reviewer before sending Application to Department Treasurer.**



VFW Auxiliary

Investigating Committee



- **Ensures that application is filled out COMPLETELY.**
- **Ensures that medals, dates and foreign service are in order and qualify for eligibility.**
- **Recommend election or rejection in accordance with Section 102 of the National Bylaws.**
- **Make up can change from meeting to meeting.**



VFW Auxiliary

Auxiliary Secretary



- **Reads the names of applicants to be voted on.**
- **Records on the Application rejection or acceptance **ALONG WITH THE DATE.****
- **Gives original application to Treasurer for processing.**



VFW Auxiliary

Auxiliary President



- **Appoints members of the Investigating Committee.**
- **Presides over Initiation Ceremony.**



VFW Auxiliary

Membership Application

**Latest Membership Application
Revised May 2022**

This is the preferred application.

DISCARD ALL PREVIOUS APPLICATION

VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

An incomplete application could delay your membership start date.

Applicant completes sections A, B, C or D and F. Auxiliaries/Departments complete section E.

A Recruited/Recommended by: _____ Recruiter Member ID _____
Auxiliary No. _____ City _____ State _____ Member ID (if already a member) _____
☐ Annual Membership ☐ Rejoin
☐ Life Membership ☐ Transfer
☐ Member at Large in Department of _____ ☐ Member at Large - VFW Auxiliary National Headquarters
(If not a transfer, skip to B.)
☐ LIFE MEMBER TRANSFER Previous Auxiliary _____
☐ ANNUAL TRANSFER ☐ Previous Auxiliary _____ ☐ Paying ☐ Nonpaying
☐ ANNUAL TRANSFER CONVERTING TO LIFE (Fill out Life Membership information below.) Previous Auxiliary _____

B THESE FIELDS REQUIRED
Name _____ Date of Birth _____
Address _____ ☐ Female ☐ Male
City _____ State _____ ZIP _____ Phone _____ Email _____

C ☐ POST-AFFILIATED (*Must be a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)
Relationship _____ to Eligible Veteran* _____ VFW Membership ID _____

D ☒ NON-AFFILIATED (*Veteran is not a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)
Relationship _____ to Eligible Veteran* _____ VFW Post (if applicable) _____
Name of campaign ribbons or medals: _____
Dates of Service: _____ to _____ Location: _____

E Investigating Committee Signatures
1 ☒ 2 ☒ 3 ☒
Per Section 102 of the National Bylaws. ☐ Rejected ☐ Accepted Meeting Date _____ Obligated Date _____

F By signing this, I agree to the stated charges for a Life Membership fee.
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 18 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 relationship to the Veteran.
Signature ☒ _____ Date _____
(Must be signed by all members.)

LIFE MEMBERSHIP ONLY ☐ Check here if this is a gift.
Credit cards may NOT be used for initial payment of Annual Dues.
☐ Cash ☐ Check ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX Life Membership Fee _____
Name on credit card _____
Billing address for card _____
City _____ State _____ ZIP _____
Credit Card No. _____ CVV Code _____
Exp. Date _____ Date _____ Signature ☒ _____

LIFE MEMBERSHIP FEES
Life Membership fees are not refundable.

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

Revised May 2022

https://vfwauxiliary.org/wp-content/uploads/newVFW_Membership-Application_062722_FILLABLE.pdf

Unwavering Support for Uncommon Heroes™



VFW Auxiliary

Section A

VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

An incomplete application could delay your membership start date.

Applicant completes sections A, B, C or D and F. Auxiliaries/Departments complete section E.

A

Recruited/Recommended by: **Jackie Doe**

Recruiter Member ID **55278**

Auxiliary No. **528** City **Anywhere**

State **MD**

Member ID *(If already a member)*

☐ Annual Membership ☐ Rejoin

☒ Life Membership ☐ Transfer

☐ Member at Large in Department of

☐ Member at Large - VFW Auxiliary National Headquarters

(If not a transfer, skip to B.)

☐ LIFE MEMBER TRANSFER Previous Auxiliary

☐ ANNUAL TRANSFER ☐ Previous Auxiliary

☐ Paying ☐ Nonpaying

☐ ANNUAL TRANSFER CONVERTING TO LIFE *(Fill out Life Membership information below.)* Previous Auxiliary



VFW Auxiliary

Section B

B

THESE FIELDS REQUIRED

Name James Doe

Date of Birth 07/01/1952

Address 123 Anywhere Street

☐ Female ☒ Male

City Anywhere

State MD

ZIP 05863

Phone 000-000-0000

Email jd@AnyInternet.com



VFW Auxiliary

Section C

C ☐ **POST-AFFILIATED** *(*Must be a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)*

Relationship

to Eligible Veteran*

VFW Membership ID



VFW Auxiliary

Section D

THESE FIELDS REQUIRED

D

☒ **NON-AFFILIATED** (*Veteran is not a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)

Relationship **Brother** to Eligible Veteran* **Missing Doe** VFW Post (If applicable)

Name of campaign ribbons or medals: **Operation Southern Watch**

Dates of Service: **8/2/2001** to **11/1/2022** Location: **Bahrain**



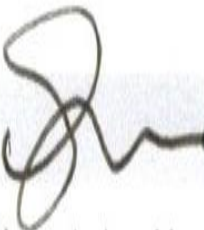
VFW Auxiliary

Section E

E

Investigating Committee Signatures

1 X 

2 X 

3 X 

Per Section 102 of the National Bylaws. ☐ Rejected ☒ Accepted

Meeting Date 07/19/22

Obligated Date



VFW Auxiliary

Section F

F By signing this, I agree to the stated charges for a Life Membership fee.

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 relationship to the Veteran.

Signature **X**

James Doe

(Must be signed by all members.)

Date

7/15/22

LIFE MEMBERSHIP ONLY ☐ Check here if this is a gift.

Credit cards may **NOT** be used for initial payment of Annual Dues.

☐ Cash ☐ Check ☒ Visa ☐ MasterCard ☐ Discover ☐ AMEX

\$150

Life Membership Fee

Name on credit card **James P Doe**

Billing address for card **P O Box 345**

City **Anywhere**

State **MD**

ZIP **05864**

Credit Card No. **0000 0000 0000 0000**

CVV Code **000**

Exp. Date **01/24**

Date **7/19/26**

Signature **X**

James P. Doe

LIFE MEMBERSHIP FEES

Life Membership fees are not refundable.

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

Revised May 2022



VFW Auxiliary

VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

An incomplete application could delay your membership start date.

Applicant completes sections A, B, C or D and F. Auxiliaries/Departments complete section E.

A Recruited/Recommended by: **Jenny Doe** Recruiter Member ID **222222222**
Auxiliary No. **5265** City **Spring Grove** State _____ Member ID (if already a member) _____
☐ Annual Membership ☐ Rejoin
☒ Life Membership ☐ Transfer
☐ Member at Large in Department of _____ ☐ Member at Large - VFW Auxiliary National Headquarters
(If not a transfer, skip to B.)
☒ LIFE MEMBER TRANSFER Previous Auxiliary _____
☐ ANNUAL TRANSFER ☐ Previous Auxiliary _____ ☐ Paying ☐ Nonpaying
☐ ANNUAL TRANSFER CONVERTING TO LIFE (Fill out Life Membership information below.) Previous Auxiliary _____

B THESE FIELDS REQUIRED
Name **Stephen Doe** Date of Birth **09/14/1963**
Address **30 Dance Drive** ☐ Female ☒ Male
City **Muncy** State **PA** ZIP **11111** Phone **717-000-0000** Email **doey@hotmail.com**

C ☐ POST-AFFILIATED (*Must be a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)
Relationship _____ to Eligible Veteran* VFW Membership ID _____

D THESE FIELDS REQUIRED
☐ NON-AFFILIATED (*Veteran is not a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)
Relationship _____ to Eligible Veteran* VFW Post (if applicable) _____
Name of campaign ribbons or medals: _____
Dates of Service: _____ to _____ Location: _____

E Investigating Committee Signatures
1 ☒  2 ☒  3 ☒ 
Per Section 102 of the National Bylaws: ☐ Rejected ☐ Accepted Meeting Date _____ Obligated Date _____

F By signing this, I agree to the stated charges for a Life Membership fee.
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 relationship to the Veteran.
Signature ☒ _____ Date _____
(Must be signed by all members.)

LIFE MEMBERSHIP ONLY ☐ Check here if this is a gift.
Credit cards may NOT be used for initial payment of Annual Dues.
☐ Cash ☐ Check ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX Life Membership Fee _____
Name on credit card _____
Billing address for card _____
City _____ State _____ ZIP _____
Credit Card No. _____ CVV Code _____
Exp. Date _____ Date _____ Signature ☒ _____

LIFE MEMBERSHIP FEES

Life Membership fees are not refundable.
Attained age at 12/31 of year applying for Life Membership.

Through 20	\$253
21-25	\$242
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71-75	\$132
76-80	\$109
81-85	\$86
86-90	\$69
91 and over	\$58

Revised May 2022

Can you tell me what is wrong with this application?

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VFW Auxiliary

VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

An incomplete application could delay your membership start date.

Applicant completes sections A, B, C or D and F. Auxiliaries/Departments complete section E.

A Recruited/Recommended by: **Jenny Doe** Recruiter Member ID **222222222**
Auxiliary No. **10159** City **Salisbury** State **MD** Member ID (if already a member)
☐ Annual Membership ☐ Rejoin
☒ Life Membership ☐ Transfer
☐ Member at Large in Department of ☐ Member at Large - VFW Auxiliary National Headquarters
(If not a transfer, skip to B.)
☐ LIFE MEMBER TRANSFER Previous Auxiliary
☐ ANNUAL TRANSFER ☐ Previous Auxiliary ☐ Paying ☐ Nonpaying
☐ ANNUAL TRANSFER CONVERTING TO LIFE (Fill out Life Membership information below.) Previous Auxiliary

B THESE FIELDS REQUIRED
Name **Stephen Doe** Date of Birth **09/14/1963**
Address **30 Dance Drive** ☐ Female ☒ Male
City **Muncy** State **PA** ZIP **11111** Phone **717-000-0000** Email **doey@hotmail.com**

C ☐ POST-AFFILIATED (*Must be a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)
Relationship **Son** to Eligible Veteran* **Gene Doe** VFW Membership ID **11111111**

D ☒ NON-AFFILIATED (*Veteran is not a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)
Relationship **Grandson** to Eligible Veteran* **James Doe** VFW Post (if applicable)
Name of campaign ribbons or medals: **Purple Heart, Bronze Star and Medal of Honor**
Dates of Service: **07/17/1944** to **07/17/1945** Location: **Fort Dix**

E Investigating Committee Signatures
1 ☒ 2 ☒ 3 ☒
Per Section 102 of the National Bylaws. ☐ Rejected ☒ Accepted Meeting Date **6/1/23** Obligated Date

F By signing this, I agree to the stated charges for a Life Membership fee.
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 relationship to the Veteran.
Signature ☒ Date **6/1/23**
(Must be signed by all members.)

LIFE MEMBERSHIP ONLY ☐ Check here if this is a gift.
Credit cards may NOT be used for initial payment of Annual Dues.
☐ Cash ☐ Check ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX Life Membership Fee
Name on credit card
Billing address for card
City State ZIP
Credit Card No. CVV Code
Exp. Date Date Signature ☒

LIFE MEMBERSHIP FEES	
Life Membership fees are not refundable.	
Attained age at 12/31 of year applying for Life Membership.	
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91 and over	\$58

Can you tell me what is wrong with this application?

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VFW Auxiliary

VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

An incomplete application could delay your membership start date.

Applicant completes sections A, B, C or D and F. Auxiliaries/Departments complete section E.

A Recruited/Recommended by: **Jenny Doe** Recruiter Member ID **22222222**
Auxiliary No. **10159** City **Salisbury** State **MD** Member ID (if already a member)
☒ Annual Membership ☐ Rejoin
☐ Life Membership ☐ Transfer
☐ Member at Large in Department of ☐ Member at Large - VFW Auxiliary National Headquarters
(If not a transfer, skip to B.)
☐ LIFE MEMBER TRANSFER Previous Auxiliary
☐ ANNUAL TRANSFER ☐ Previous Auxiliary ☐ Paying ☐ Nonpaying
☐ ANNUAL TRANSFER CONVERTING TO LIFE (Fill out Life Membership information below.) Previous Auxiliary

B THESE FIELDS REQUIRED
Name **Stephen Doe** Date of Birth **09/14/1963**
Address **30 Dance Drive** ☐ Female ☒ Male
City **Muncy** State **PA** ZIP **11111** Phone **717-000-0000** Email **doey@hotmail.com**

C ☒ POST-AFFILIATED (*Must be a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)
Relationship **Son** to Eligible Veteran* **Gene Doe** VFW Membership ID **11111111**

D ☐ NON-AFFILIATED (*Veteran is not a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)
Relationship to Eligible Veteran*
Name of campaign ribbons or medals:
Dates of Service: to Location:

E Investigating Committee Signatures
1 ☒ 2 ☒ 3 ☒
Per Section 102 of the National Bylaws. ☐ Rejected ☐ Accepted Meeting Date Obligated Date

F By signing this, I agree to the stated charges for a Life Membership fee.
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 relationship to the Veteran.
Signature ☒ Date **6/1/23**
(Must be signed by all members.)

LIFE MEMBERSHIP ONLY ☐ Check here if this is a gift.
Credit cards may NOT be used for initial payment of Annual Dues.
☐ Cash ☐ Check ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX Life Membership Fee
Name on credit card
Billing address for card
City State ZIP
Credit Card No. CVV Code
Exp. Date Date Signature ☒

LIFE MEMBERSHIP FEES

Life Membership fees are not refundable. Attained age at 12/31 of year applying for Life Membership.

Through 20	\$253
21-25	\$242
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91 and over	\$58

Revised May 2022

Can you tell me what is wrong with this application?

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VFW Auxiliary

VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

An incomplete application could delay your membership start date.

Applicant completes sections A, B, C or D and F. Auxiliaries/Departments complete section E.

A Recruited/Recommended by: **Mi Doe** Recruiter Member ID **00000**
Auxiliary No. **000** City **Anywhere** State **MD** Member ID (if already a member) _____
☐ Annual Membership ☐ Rejoin
☒ Life Membership ☐ Transfer
☐ Member at Large in Department of _____ ☐ Member at Large - VFW Auxiliary National Headquarters
(If not a transfer, skip to B.)
☐ LIFE MEMBER TRANSFER Previous Auxiliary _____
☐ ANNUAL TRANSFER ☐ Previous Auxiliary _____ ☐ Paying ☐ Nonpaying
☐ ANNUAL TRANSFER CONVERTING TO LIFE (Fill out Life Membership information below.) Previous Auxiliary _____

B THESE FIELDS REQUIRED
Name **James Doe** Date of Birth _____
Address **123 Anywhere Street** ☐ Female ☒ Male
City **Anywhere** State **MD** ZIP **00000** Phone **000-000-0000** Email **jd@anyinternet.com**

C ☐ POST-AFFILIATED (*Must be a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)
Relationship _____ to Eligible Veteran* _____ VFW Membership ID _____

D THESE FIELDS REQUIRED
☐ NON-AFFILIATED (*Veteran is not a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)
Relationship **Brother** to Eligible Veteran* **Missing Doe** VFW Post (if applicable) _____
Name of campaign ribbons or medals: **Armed Forces Expeditionary Medal-Operation Southern Watch**
Dates of Service: **08/02/2001** to **11/01/2022** Location: **Bahrain**

E Investigating Committee Signatures
1 ☒ _____ 2 ☒ _____ 3 ☒ _____
Per Section 102 of the National Bylaws: ☐ Rejected ☒ Accepted Meeting Date **6/1/23** Obligated Date _____

F By signing this, I agree to the stated charges for a Life Membership fee.
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 relationship to the Veteran.
Signature ☒ _____ Date **5/30/23**
(Must be signed by all members.)

LIFE MEMBERSHIP ONLY ☒ Check here if this is a gift.
Credit cards may **NOT** be used for initial payment of Annual Dues.
☐ Cash ☐ Check ☒ Visa ☐ MasterCard ☐ Discover ☐ AMEX **\$132.00** Life Membership Fee
Name on credit card **James P Doe**
Billing address for card **PO Box 000**
City **Anywhere** State **MD** ZIP **00000**
Credit Card No. **0000 0000 0000 0000** CVV Code **000**
Exp. Date **01/2024** Date **7/15/22** Signature ☒ _____

LIFE MEMBERSHIP FEES

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

Through 20	\$253
21-25	\$242
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VFW Auxiliary

VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

An incomplete application could delay your membership start date.

Applicant completes sections A, B, C or D and F. Auxiliaries/Departments complete section E.

A Recruited/Recommended by: **Mi Doe** Recruiter Member ID **00000**
Auxiliary No. **000** City **Anywhere** State **MD** Member ID (if already a member) _____
☐ Annual Membership ☐ Rejoin
☒ Life Membership ☐ Transfer
☐ Member at Large in Department of _____ ☐ Member at Large - VFW Auxiliary National Headquarters
(If not a transfer, skip to B.)
☐ LIFE MEMBER TRANSFER Previous Auxiliary _____
☐ ANNUAL TRANSFER ☐ Previous Auxiliary _____ ☐ Paying ☐ Nonpaying
☐ ANNUAL TRANSFER CONVERTING TO LIFE (Fill out Life Membership information below.) Previous Auxiliary _____

B THESE FIELDS REQUIRED
Name **James Doe** Date of Birth **01/01/1954**
Address **123 Anywhere Street** ☐ Female ☒ Male
City **Anywhere** State **MD** ZIP **00000** Phone **000-000-0000** Email **jd@anyinternet.com**

C ☐ POST-AFFILIATED (*Must be a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)
Relationship **Brother** to Eligible Veteran* **Missing Doe** VFW Membership ID _____

D ☐ NON-AFFILIATED (*Veteran is not a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)
Relationship _____ to Eligible Veteran* VFW Post (if applicable) _____
Name of campaign ribbons or medals: _____
Dates of Service: _____ to _____ Location: _____

E Investigating Committee Signatures
1 ☒ _____ 2 ☒ _____ 3 ☒ _____
Per Section 102 of the National Bylaws. ☐ Rejected ☒ Accepted Meeting Date _____ Obligated Date _____

F By signing this, I agree to the stated charges for a Life Membership fee.
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 relationship to the Veteran.
Signature **X** _____ Date _____
(Must be signed by all members.)

LIFE MEMBERSHIP ONLY ☒ Check here if this is a gift.
Credit cards may NOT be used for initial payment of Annual Dues.
☐ Cash ☐ Check ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX **\$132.00** Life Membership Fee
Name on credit card **James P Doe**
Billing address for card **PO Box 000**
City **Anywhere** State **MD** ZIP **00000**
Credit Card No. **0000 0000 0000 0000** CVV Code **000**
Exp. Date **01/2024** Date **7/15/22** Signature **X** _____

LIFE MEMBERSHIP FEES
Life Membership fees are not refundable.
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 \$198
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

Revised May 2022

Can you tell me what is wrong with this application?

Unwavering Support for Uncommon Heroes™



VFW Auxiliary

VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

An incomplete application could delay your membership start date.

Applicant completes sections A, B, C or D and F. Auxiliaries/Departments complete section E.


A Recruited/Recommended by: **Missing Doe (VFW)** Recruiter Member ID **00000**
Auxiliary No. **000** City **Anywhere** State **MD** Member ID (if already a member) _____
☐ Annual Membership ☐ Rejoin
☐ Life Membership ☐ Transfer
☐ Member at Large in Department of _____ ☐ Member at Large - VFW Auxiliary National Headquarters
(If not a transfer, skip to B.)
☒ **LIFE MEMBER TRANSFER** Previous Auxiliary _____
☐ **ANNUAL TRANSFER** ☐ Previous Auxiliary _____ ☐ Paying ☐ Nonpaying
☐ **ANNUAL TRANSFER CONVERTING TO LIFE** (Fill out Life Membership information below.) Previous Auxiliary _____


B THESE FIELDS REQUIRED
Name **James Doe** Date of Birth **07/01/1952**
Address **123 Anywhere Street** ☐ Female ☒ Male
City **Anywhere** State **MD** ZIP **05863** Phone **000-000-0000** Email **jd@anyinternet.com**

C ☐ **POST-AFFILIATED** ("Must be a current member of the VFW Post affiliated with the Auxiliary to which you are applying.")
Relationship **Brother** to Eligible Veteran* **Missing Doe** VFW Membership ID _____

D ☒ **NON-AFFILIATED** ("Veteran is not a current member of the VFW Post affiliated with the Auxiliary to which you are applying.")
THESE FIELDS REQUIRED
Relationship _____ to Eligible Veteran* _____ VFW Post (if applicable) _____
Name of campaign ribbons or medals: _____
Dates of Service: _____ to _____ Location: **Bahrain**

E Investigating Committee Signatures
1 ☒  2 ☒  3 ☒ 
Per Section 102 of the National Bylaws. ☐ Rejected ☒ Accepted Meeting Date **07/09/2022** Obligated Date _____

F By signing this, I agree to the stated charges for a Life Membership fee.
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 relationship to the Veteran.
Signature ☒  Date **07/15/2022**
(Must be signed by all members.)

LIFE MEMBERSHIP ONLY ☐ Check here if this is a gift.
Credit cards may NOT be used for initial payment of Annual Dues.
☐ Cash ☐ Check ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX Life Membership Fee _____
Name on credit card _____
Billing address for card _____
City _____ State _____ ZIP _____
Credit Card No. _____ CVV Code _____
Exp. Date _____ Date _____ Signature ☒ 

LIFE MEMBERSHIP FEES

Life Membership fees are not refundable.

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

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VFW Auxiliary

Questions

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VFW Auxiliary

FINAL THOUGHTS

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