

**VFW AUXILIARY MEMBERSHIP/MEMBER TRANSFER APPLICATION PLEASE PRINT CLEARLY**

Recruited/Recommended by: \_\_\_\_\_ Recruiter Member ID \_\_\_\_\_

Auxiliary No. 327 City Halethorpe State MD Member ID (If already a member) \_\_\_\_\_

Annual Membership  Life  Rejoined Previous Member No. \_\_\_\_\_, Previous Auxiliary \_\_\_\_\_

Member-at-Large  Life Member-at-Large in Department of \_\_\_\_\_ or in  National

**These fields required.** Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ Male \_\_\_\_\_ or Female \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

**POST AFFILIATED:** (\*Must be a member to the VFW Post affiliated with the Auxiliary to which you are applying.)

Relationship \_\_\_\_\_ to Eligible Veteran\* \_\_\_\_\_ VFW Membership ID \_\_\_\_\_

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

Relationship \_\_\_\_\_ to Eligible Veteran\* \_\_\_\_\_ VFW Post \_\_\_\_\_ (If applicable)

**LIFE MEMBER TRANSFER**, Previous Auxiliary \_\_\_\_\_

Accepting Treasurer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ANNUAL TRANSFER**, Previous Auxiliary \_\_\_\_\_ Paying \_\_\_\_\_ or Nonpaying \_\_\_\_\_? (check one)

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

Name of campaign ribbons or medals: \_\_\_\_\_

Dates of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

I attest that I am a citizen of the United States or a U.S. National, and am at least 16 years of age. I further state that I believe in God. 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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Investigating Committee: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Per Section 102 of the National Bylaws.  Rejected  Election Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Obligated Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**LIFE MEMBERSHIP**  Check here if this is a gift.  
 Card will be mailed to the Auxiliary Treasurer.  
 Payment:  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. \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**LIFE MEMBERSHIP**  ACH (Bank withdrawal)  
 Name of Bank \_\_\_\_\_  
 Bank Routing No. \_\_\_\_\_  
 Account No. \_\_\_\_\_

**Attach voided check HERE. (Required)**



**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

**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.* Signature \_\_\_\_\_ (Must be signed by all members.)