

# VFW Membership Mail-In Application

\* = Required field (Mail this application into VFW Department of Europe, CMR 405, Box 1596, APO AE 09034)

**Yes!** I want to join the VFW and continue serving my country, my community and my fellow man.

## Please enter your personal information:

\*First Name \_\_\_\_\_ \*Mailing Address \_\_\_\_\_  
Middle Initial \_\_\_\_\_  
\*Last Name \_\_\_\_\_ \*City \_\_\_\_\_  
\*Email \_\_\_\_\_ \*State \_\_\_\_\_  
Phone \_\_\_\_\_ \*Zip \_\_\_\_\_  
\*Service Number or SSN \_\_\_\_\_ \*Birth date \_\_\_\_\_  
Date format 'mm/dd/yyyy'

## If you're on active duty, please fill in your permanent hometown address:

Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Service information:** Note: Name of Campaign Ribbon or Medal is NOT required if your eligibility is based on receipt of imminent danger/hostile fire pay or service in Korea.

\*Branch(choose one)                      \*Eligibility (choose one)

____ Air Force	____ WW II	____ Occupation Medal
____ Army	____ Korea (7/1/46 to present)	____ CIB/CMB
____ Coast Guard	____ Vietnam	____ Combat Action Ribbon
____ Marine Corps	____ Desert Storm	____ Imminent danger/hostile fire pay
____ Navy	____ Campaign Medal	____ Expeditionary Medal
	____ Other	Describe Other: _____

\*Overseas from: \_\_\_\_\_ \*to: \_\_\_\_\_ (format 'mm/dd/yyyy')

\*Service Location: \_\_\_\_\_

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

## Membership Type:

\*Membership Type: (choose one)                      IF you chose Life Membership, please choose one membership fee:

____ Annual \$35	____ up to age 30 = \$425	____ 61 through 70 years = \$290
____ Life Membership	____ 31 through 40 years = \$410	____ 71 through 80 years = \$225
	____ 41 through 50 years = \$375	____ 81+ years = \$170
	____ 51 through 60 years = \$335	

Any applicant whose 31st, 41st, 51st, 61st, 71st or 81st birthday will occur after the date of Application and on or before December 31st of the current calendar year, shall pay only the fee that would be required on his next birthday.

## Payment Information:

Check enclosed in the amount of \$ \_\_\_\_\_  
(payable to Veterans of Foreign Wars)

OR

Charge my credit card in the amount of \$ \_\_\_\_\_

Card Type(circle one)

MasterCard                      Visa  
Discover                              AMEX

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

## Attestation of Eligibility:

**\*Yes!** I attest by forwarding this application that I am a citizen of the United States 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.

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Signature of Applicant**