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: _____ Date to _____ Date Where _____

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.

Exp. Date ___/___ $ _____

Signature: _____

Additional Information Requested:

What Conflict or Conflicts _____

What is your Occupation _____