

**NEW MEMBER APPLICATION – POST AFFILIATED**

Recommended by: \_\_\_\_\_

☐ Annual Membership ☐ Life Membership Auxiliary No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
☐ Member-at-Large ☐ Life Member-at-Large in Department of \_\_\_\_\_ or in ☐ National

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

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

\*Must be a member of the Post affiliated with the Ladies Auxiliary to which you are applying.

I attest that I am a citizen of the United States, and I pledge to comply with the National Bylaws of the Ladies Auxiliary to the Veterans of Foreign Wars of the United States. I affirm that the above eligibility is true and correct. Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Per Section 105 of the National Bylaws. ☐ Rejected ☐ Election Date \_\_\_\_\_ Obligated Date \_\_\_\_\_**NEW MEMBER - LIFE MEMBERSHIP** ☐ Check here if

this is a gift. Card will be mailed to the Auxiliary Treasurer

Payment: ☐ Cash ☐ Check ☐ Visa☐ Mastercard ☐ Discover ☐ ACH (Bank withdrawal)

Life Membership Fee \$ \_\_\_\_\_

C. C. # \_\_\_\_\_

CVV Code \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_/\_\_\_\_

Bank Routing No. \_\_\_\_\_

Account No. \_\_\_\_\_

**Prior to enrolling in the Installment Plan, current year's dues and subsequent annual dues must be paid until Plan is completed.** I understand that if my Auxiliary has Specified Disease Insurance, I am responsible for my own yearly premium payment. I authorize the first of twelve (12) installments of \$ \_\_\_\_\_ to be processed immediately with eleven (11) remaining payments to be processed on the 15<sup>th</sup> of each month.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LIFE MEMBERSHIP FEES**

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

Through 20	\$220	\$19.86 per month
21-25	\$210	\$18.96
26-30	\$200	\$18.06
31-35	\$190	\$17.15
36-40	\$185	\$16.70
41-45	\$175	\$15.80
46-50	\$170	\$15.35
51-55	\$160	\$14.44
56-60	\$150	\$13.54
61-65	\$140	\$12.64
66-70	\$130	\$11.74
71-75	\$115	\$10.38
76-80	\$95	\$8.58
81-85	\$75	\$6.77
86-90	\$60	\$5.42
91 and over	\$50	\$4.51

**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 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.**NEW MEMBER APPLICATION – NON-AFFILIATED**

Recommended by: \_\_\_\_\_

(Eligible veteran is deceased, is not a VFW member or is a member of another Post.)

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

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

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Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Relationship \_\_\_\_\_ to Eligible Veteran \_\_\_\_\_ VFW Post \_\_\_\_\_

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

Foreign Service \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

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