

NEW MEMBER APPLICATION

PLEASE PRINT CLEARLY

Recruited by: _____

LAVFWHQ REVISED 2-13

Auxiliary No. _____ City _____ State _____

Annual Membership Life Membership

Member-at-Large Life Member-at-Large in Department of _____ or in National

Ladies
Auxiliary
to the VFW

Name _____ Date of Birth ____/____/____

Address _____

City _____ State _____ ZIP _____

Phone (____) _____ - _____ E-mail _____

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

Relationship _____ to Eligible Veteran* _____ VFW Membership ID _____

OR

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

Relationship _____ to Eligible Veteran* _____ VFW Post _____ (If applicable)

Name of campaign ribbons or medals: _____

Foreign Service ____/____/____ to ____/____/____ Location: _____

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

Applicant's Signature _____ Date _____

Investigating Committee: 1) _____ 2) _____ 3) _____

Per Section 105 of the National Bylaws. Rejected Election Date _____ Obligated Date _____

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.

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. ____/____

Name of Bank _____

Bank Routing No. _____

Account No. _____

Signature _____

Date _____

LIFE MEMBERSHIP FEES

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

Through 20	\$220
21-25	\$210
26-30	\$200
31-35	\$190
36-40	\$185
41-45	\$175
46-50	\$170
51-55	\$160
56-60	\$150
61-65	\$140
66-70	\$130
71-75	\$115
76-80	\$95
81-85	\$75
86-90	\$60
91 and over	\$50

Please contact Ladies Auxiliary VFW Treasurer _____ at _____

_____ with any questions regarding your membership. You can also learn more about the Ladies Auxiliary VFW at www.ladiesauxvfw.org.

UNWAVERING SUPPORT



LOS ENCINO MARIN HEROES